

Rainbow Bridge LifeWays Program

Contract for School Year _____ 2008-2009 _____ 2009-2010

Child's Name: _____ Date of Birth: _____

Rainbow Bridge contracts with families for the school year and provides care from mid-August until mid-June. The fee is for the entire year, and for convenience is divided evenly over ten monthly payments, due in advance on the 15th of each month.

Financial Agreement (see "Enrollment Options and Fees" to fill out this section):

My child will attend the (circle): Morning/Full Day Program; 2 / 3 / 5 days per week
(days): _____

I agree to commit to the annual tuition for the 2008-2009 School Year, payable in 10 equal monthly payments of _____ due the 15th of each month from August 15, 2008 through May 15, 2009, with sessions ending on June 12, 2009.

In addition, I agree to pay at one-time Interview Fee of \$50 (due with submission of the application, for new children only), and a nonrefundable Materials and Equipment Fee of _____, due upon acceptance for new families and by February 15th for returning families.

I understand that my child's space in the program is not secured until all enrollment forms have been submitted and all fees have been paid.

Monthly Billing and Payment:

I understand that tuition is billed and paid for the upcoming month, from the 15th to the 15th. Invoices will be sent out by the 7th of each month and are due by the 15th, starting with August 15, 2008. Payment may be by cash or check, or I may set up an automatic electronic transfer if my bank deals with Wells Fargo Bank. I understand that the full monthly fee will be assessed even when the program is closed for holidays or when absence is due to illness or travel.

Late Payments:

If there is a problem and payment will be made later than the 20th of the month, then it is necessary to communicate this in writing. If there is no written communication, then a late charge of \$25 will be assessed. A \$25 service charge will be paid on all returned checks.

If late tuition is not paid by the end of the month, my child may not attend school until the balance is paid in full. In the event of default, the outstanding balance shall accrue interest at the rate of 18% per annum, from the date of default until paid in full. If the outstanding balance is referred to a collection agency, I/we agree to pay, in addition, a collection agency fee which shall be 35% of the past due balance and all other costs of collections, including but not limited to attorney fees and court costs.

Trial Period and Termination of Contract:

For newly enrolled students, at the end of four weeks, the child’s situation will be reviewed and if either the parent or the teachers feel it best for the child or the program, this contract can be terminated by either party.

I understand that during the school year, 60 days written notice is required if I choose to withdraw my child from the program. I understand that I am responsible for tuition for the 60 additional days following the date of my written notice, unless the opening is filled sooner. I also understand that the deposit/materials fee is not refundable.

Late Pickup

I understand that pickup needs to be on-time, and no later than 3:30 pm. In the event of an emergency or other problem, I understand that I will be charged \$1.00 per MINUTE late penalty, payable directly to the teacher who stays late to compensate for her or his inconvenience.

I, the parent or guardian of the child listed on the front of this agreement, acknowledge that certain reasonable risks exist in sending my/our child to any school. These risks include, but are not limited to, such occurrences as injury and exposure to communicable diseases. Rainbow Bridge LifeWays Program shall not be held responsible for injuries to my child unless resulting from gross negligence while he or she is in the care of a Rainbow Bridge employee. As parent or guardian, I hereby release and discharge Rainbow Bridge LifeWays Program (a *dba* of Informed Family Life) and its trustees, officers, agents and employees from any and all liability except that resulting from gross negligence.

Parent Signature: _____ Date: _____

Address: _____ Phone: _____

Received by: _____ Date: _____

For Rainbow Bridge LifeWays Program

Rainbow Bridge LifeWays Program
Informed Family Life
207 Sunrise Lane
Boulder, CO 80302
303-546-0070