

CONTRACT OF ACADEMIC ADMISSION

A NON-REFUNDABLE REGISTRATION FEE MUST
ACCOMPANY THIS APPLICATION



This contract is made _____ day of _____, 20___, by and between Mount Hope Christian Academy,

hereby known as MHCA and _____, hereinafter known as the Parent(s).

I am enrolling my child _____ into the following program.
(Child's Name)

_____ I am enrolling my child in the Academic Program and do not require Before or After Care. I understand my weekly tuition fee will be **\$175.00**.

_____ I am enrolling my child in the Academic Program. I require Before and After Care. I understand my weekly tuition fee will be **\$175.00**.

_____ I am enrolling my child in the Academic program and require Before or After Care (please circle the applicable program). I understand that my weekly fee will be **\$175.00**

Now, therefore, in consideration of the agreement set forth herein, MHCA and the Parent(s) of the child hereby agree that Mount Hope Christian Academy will enroll the child upon the following terms and conditions.

I (we) agree to pay a non-refundable registration fee. I (we) also agree to pay tuition on a weekly or monthly basis (please circle the appropriate option). I (we) understand that if I (we) do not pay tuition by the close of business on Friday of the preceding week tuition is due or last business day of the month preceding the month tuition is due, I (we) will incur a \$ 30 late charge. Delinquent accounts must be paid-in-full by close of business the following business day. Your child/children will not be permitted to attend the Academy until payments are made in full. Fees unpaid seven (7) working days after the due date will serve as a notice of intent to remove the child from MHCA and will constitute forfeiture of any monies due.

I (we) understand that a fee of \$2.00 per minute, per child will be charged if I (we) pick up my (our) child after their scheduled pick-up time or after the scheduled closing time of 6:30 P.M. I understand that in order to avoid this fee, I should contact someone on my emergency list to pick up my child/children. (**NOTE:** Late pick-up fees are due at time of pick-up.)

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AS A CONDITION OF ENROLLMENT, I (we) understand my (our) child is accepted on a trial basis initially and observation pertaining to the child's ability to adjust to the structured academic setting will be made during this period (2 to 4 weeks).

WITH RESPECT TO ABSENCES, I (we) understand weekly tuition payments will not be prorated or lifted should my (our) child leave for a vacation. I (we) understand that tuition is paid on the regular schedule unless other arrangements are made with the Director.

If my (our) child is absent due to an extended illness tuition will not be lifted according to the Tuition and Fees Policy. The tuition rate will be 50% of the normal weekly tuition rate beginning the second week of the illness.

IN CONSIDERATION OF THE WITHDRAWAL OF THE CHILD FROM ENROLLMENT, I (we) understand that I (we) must give two (2) weeks advanced notice in writing should I (we) elect to withdraw my (our) child from MHCA for any reason. If I (we) do not give two (2) weeks written notice, then I (we) may forfeit any monies due.

If I (we) wish to re-enroll my (our) child at a later time, I (we) may submit a new registration form and pay the registration fee. I (we) understand my (our) child's name will be placed at the top of the waiting list for re-admittance, but a slot cannot be guaranteed.

MHCA reserves the right to terminate the enrollment of any child for reasons of noncooperation, delinquency in payment of fees, or inability of child or parent to adjust to the MHCA program guidelines, as determined by the Director in consultation with the Mount Hope Christian Academy Advisory Board.

REGARDING PARENT INVOLVEMENT, I (we) understand parent participation in activities associated with MHCA, by way of provision of volunteer hours and participation in fundraising events, is encouraged and exercised at the discretion of the Parent(s).

NOTES:

Terms and conditions of agreement between MHCA and the Parent(s)/Guardian(s) of the enrolling child are bound by the Parent(s) Handbook as well as any other supplemental provisions.

CONTRACT OF ACADEMIC ADMISSION – Continued

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Parent Name (Printed)

Date

Parent Signature

MHCA Representative Name (Printed)

Date

MHCA Representative Signature