

2024-2025 Part Day & Special Programming Tuition Acknowledgement & Registration Agreement Atonement Christian Day School 909 E. Main Street Barrington, IL 60010 847-382-6360 ACDS@churchofatonement.org atonementchristiandayschool.org

To register for the 2024/25 school year, I agree to a \$150 registration fee and will submit the required paperwork for the requested program of enrollment. The \$150.00 registration fee is non-refundable and will be billed via the Procare app. This fee is annual, and the amount is subject to change. If this is your first initial attendance at ACDS, a 2 two-week tuition deposit will need to be submitted and will be held for your last 2 weeks of attendance at ACDS. If you are a returning student, the deposit you paid upon your initial enrollment to ACDS is still being held in the account for payment for the last two weeks of attendance at ACDS and will satisfy the 2-week tuition deposit. Any overage will be refunded within 60 days of the last date of attendance. Please note, after submission of the registration fee and deposit, your first tuition payment will be due prior to the first day of attendance through the issued invoice and will be sent to you via Procare. Tuition is due in advance of the period of service via recurring online payment. Billing is bi-weekly and due upon receipt of the invoice sent through the online application Procare. Instructions will be provided on how to access the Procare system. Automatic payment may be set up, otherwise you are required to log in and manually pay on the date of invoice issuance. Tuition will not be reduced for absence, illness, or holidays. A written notice 30 days in advance is required for any changes to your programming and the ability to accommodate changes cannot be guaranteed and is based upon availability. ACDS hours and holiday schedules are set and posted annually but may change at any time with 30 days' notice. There will not be any tuition credits or refunds issued for situations beyond our control including emergency closures due to teacher illness, weather or power outage.

Tuition rates for the 2024/25 school year are as follows, please indicate your program of desired registration:

Student Name: ____

<u>Two-Year-Old Part Day Program</u> \$250 Bi-Weekly for Tuesday/Thursday Morning Class

<u>Three-Year-Old Part Day Program</u> \$300.00 Bi-Weekly for Monday/Wednesday/Friday Morning Class

Four/Five-Year-Old Pre- K Program \$400.00 Bi-Weekly for Monday-Friday Morning Class

Junior Kindergarten Program

\$400 Bi-Weekly for Monday - Friday Morning Class

After School Program 3 Days a Week \$150 Bi-Weekly Indicate Days of Attendance: ______ Home Attendance School: ______ Will Use Bussing: _____

<u>After School Program 5 Days a Week</u>

\$200 Bi-Weekly for Monday - Friday Home Attendance School: _____ Will Use Bussing: _____ It is your responsibility to make sure your payment is on time. (A per invoice \$100 late fee for full time students and \$50 late fee for part time students will apply to payments received past five days due). If payment is delinquent for one week or more and arrangements have not been made, attendance may be suspended until the balance is current and your child's space will not be reserved. Please note that tuition is billed bi-weekly, and payments should be made directly through the Procare App upon receipt. There is a \$50 NSF fee applied for declined payments.

I understand that if for any reason I withdraw my child from the program, I forfeit the registration fee and am subject to a withdrawal fee or full payment of tuition for 60 days after withdrawal is due even if my student is not in attendance. If your attendance date is more than 60 days from the date of submitted deposit and you choose to withdraw, your deposit becomes non-refundable. If ACDS is unable to place your child, your deposit will be refunded.

Signature of Parent/Guardian

Signature of Parent/Guardian

Received By: _____

Date: _____

Date

Date