



Universal Satori Learning Centers, Inc. Extended-day/After-School Hours Program Parent/Guardian Contract



***REGISTRATION:** The registration fee is \$60 per student, and is due upon enrollment. This is a non-refundable fee and is not applied to any other payment.

***DEPOSIT:** A one-month deposit must be paid at time of registration. The deposit is **non-refundable** and will be applied to the tuition for May 15th, provided the account is current. **This deposit is required unless the entire school year is paid in full.**

****Parent initials** _____

EXTENDED-DAY PAYMENT: Extended-day payment is due on the **15th of each month**. When that day falls on a non-school day, payment is due the day before. Please see the payment schedule for the specific dates of payment. Payment may be made during the hours of 8:00 and 3:30pm. Full Payment is due regardless to other Extra-curriculum activities or academic programs.

LATE PAYMENT FEE: A \$25 fee, per student, will be charged for payments received 5 days after payment due date.

***MONTHLY PAYMENT:** Monthly payments are based on the pick-up time and the number of students enrolled.

	<u>Hours of Service</u>	<u>1 Student</u>	<u>2 Students</u>	<u>3 Students</u>
Morning	7:00-7:30	\$185.00	\$270.00	\$380.00
Evening	4:00-4:30	\$185.00	\$270.00	\$380.00
	4:00-5:00	\$235.00	\$370.00	\$480.00
	4:00-5:30	\$285.00	\$495.00	\$580.00
	4:00-6:00	\$335.00	\$570.00	\$680.00
Holiday (Per week)	7:00-6:00	\$185.00	\$270.00	\$380.00

Bus rate where available from program only \$ 250.00 per student per year, no multi-student discounts for busing.

Payment Calculator:

*Registration fee per student = (\$60.00 x)
 *Deposit= \$ first month
 *Current Month tuition= + \$ current month
 Total Due at enrollment= \$

LATE PICK-UP FEE: A \$15 late pick-up fee will be charged per child, per every 5 minutes. This fee must be paid in full in cash before the student(s) is allowed to re-enter the program. Late pick-up fee also applies to the Monthly Parent Night Meetings.

****Parent initials** _____

RETURNED CHECKS: A \$35 fee will be charged per returned/NSF check. After, Universal Satori receives ONE returned check, no personal checks will be accepted, and extended-day payment should be in the form of a Cashier's Check or money order. In order for services to continue, payment of extended-day and returned check fee must be paid.

FINANCIAL ASSISTANCE: Universal Satori DOES NOT offer/provide financial assistance.

Our Program includes the following:

- **HEALTHY SNACK:** Your student(s) may bring a preferred snack with them. A snack will be available for your student.
- **HOMEWORK TIME:** A homework time is provided every day except Friday. All children must remain quiet at this time so others are not distracted or disturbed. If a student does not have homework he/she should plan to participate in a quiet activity and is encouraged to bring a book to read while others complete their homework. Student must bring all of their assignments, textbooks, folders, supplies, and binders with them from the classroom. Students **Will not** be allowed to return to their classrooms once the school bell has released them for the day.
- **RECESS:** If weather permits and the entire class has finished their homework, the students will go out to the playground area for recess.

CENTERS HOLIDAYS: Universal Satori Learning Centers is closed for the following holidays:

Labor Day	Thanksgiving Day
Christmas Eve	Christmas Day
New Year's Eve	New Year's Day
Dr. Martin Luther King Day	President's Day
Good Friday	Memorial Day

Learning Center will be open for those students enrolled on the holiday care program.

If any of the above days fall on a Saturday or Sunday, the day designated by the Federal Government will be taken. **Parents are responsible for finding back-up care during vacation, professional and emergency closings.** Please see the official school calendar for the specific dates of these holidays and observances.

***Parents/Guardians, Students and siblings are prohibited from lingering in any classroom, hallway, or playground area. All are expected to depart premises promptly when gathering extended-day student(s). You will be asked to leave the premises once your student has been signed out for the day.**

Please provide a written notice before the payment due date if you are withdrawing or choosing to suspend services. Once credit card is charged there will not be a refund or transfer of funds.

TRIAL PERIOD AND TERMINATION OF SERVICE: There will be NO REFUND. All fees must be pre-paid. We retain the right to terminate this contract WITHOUT NOTICE in the event of destructive, uncontrollable, or violent behavior or in the case of delinquent fees.

PROPERTY DAMAGE: Respectful treatment of all property, education materials, toys, and furniture is expected. Accidental or willful destruction of property will be charged to the parent/guardian at the cost to replace the item.

DISCLAIMER: I hereby agree to comply with the rules and regulations of Universal Satori Learning Centers, Inc. Extended-day/After-School Hours Program. I am aware of the scheduled holidays. You will be notified in writing of any changes before they go into effect. By signing this agreement, I/we agree to honor all terms of this contract and the written policies of Universal Satori Learning Centers, Inc. now and in the future. Breach of this contract in any way from the parent(s)/Guardian(s), may result in immediate termination of all services.

1. Student Name (Print)	Grade	Pick-up Time
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2. Student Name (Print)	Grade
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3. Student Name (Print)	Grade
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Parent/Guardian Name	SIGNATURE	Date
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Universal Satori Learning Centers, Inc.	Date
Authorized Official Signature	



ADMISSION INFORMATION

Universal Satori Learning Centers, Inc.
 2150 S. Edmonds Lane
 Lewisville, Texas 75067
 Phone: 972-459-3000
 Fax: 972-459-3002



PLEASE PRINT LEGIBLY		Date of Admission (office use only)	
		Date of Withdrawal (office use only)	
Child's Full Name		Child's Date of Birth	Child's Home Telephone No.
1.		1.	
2.		2.	
3.		3.	
Child's Home Address			
Mother's or Guardian's Name	Father's or Guardian's Name	Address (if different from child's address)	
Mother's or Guardian's E-mail address		Father's or Guardian's E-mail address	
List telephone numbers below where parents/guardian may be reached while child will be in care:			
Mother's Telephone Numbers	Father's Telephone Numbers.	Guardian's Telephone Numbers	Other Phone Numbers
Cell:	Cell:	Cell:	
Work:	Work:	Work:	
Home:	Home:	Home:	
Give the name, address and phone number of person to call in case of an emergency if parents / guardian cannot be reached:			Relationship
I hereby authorize the childcare operation to allow my child to leave the childcare operation ONLY with the following persons. Please list name & telephone number for each. Children will only be released to a parent or a person designated by the parent/guardian after verification of ID.			
Name	Phone	Name	Phone
		Name	Phone

CHECK ALL THAT APPLY:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	—Consent for my child to be transported and supervised by the operation's employees:
1. <input type="checkbox"/> TRANSPORTATION:	<input type="checkbox"/> For emergency <input type="checkbox"/> On field trips	
2. <input type="checkbox"/> FIELD TRIPS:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	—My consent for my child to participate in Field Trips:
Parent's Comments:		
3. <input type="checkbox"/> WATER ACTIVITIES:	I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give	—My consent for my child to participate in Water Activities:
	<input type="checkbox"/> Sprinkler play <input type="checkbox"/> Splashing/wading pools	
4. <input type="checkbox"/> RECEIPT OF WRITTEN OPERATIONAL POLICIES:	I acknowledge receipt of the facility's operational policies including those for discipline and guidance.	
5. I UNDERSTAND THAT THE FOLLOWING MEALS WILL BE SERVED TO MY CHILD WHILE IN CARE:		
<input type="checkbox"/> Afternoon Snack <input type="checkbox"/> Extended Day Snack		
6. MY CHILD IS NORMALLY IN CARE ON THE FOLLOWING DAYS AND TIMES:		
<input type="checkbox"/> Mondays- Fridays from: to:		

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Ph.#:
Name of Emergency Medical Care Facility:	Address:	Ph.#:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
_____ Signature - Parent or Legal Guardian		

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregiver's should be aware of:

Child daycare operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation May be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800)-514-0383 (TTY).

Signature – Parent or Legal Guardian

Date



ADMISSION INFORMATION

Universal Satori Learning Centers, Inc.
2150 S. Edmonds Lane
Lewisville, Texas 75067
Phone: 972-459-3000
Fax: 972-459-3002



SCHOOL AGE CHILDREN:(Extended Day Only)

Name of sibling(s): 1. _____ 2. _____

Name of School and Address

School Ph.#

CHECK ALL THAT APPLY:

His / her immunization record is on file at the school and all required immunizations and/or tuberculosis test are current. Vision and Hearing screening records are also on file.

My child has permission to:

Ride a bus, and/or

Walk to or from school or home,

Be released to the care of his/her sibling(s) under 18 years old.

Name of sibling(s):

IMMUNIZATION RECORD:

I have provided the childcare operation with a copy of my child's most current immunization record.

ADMISSION REQUIREMENT: If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission.

Please check only one option:

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is able to take part in the day care program.

Health Care Professional's Signature

Date

2. A signed and dated copy of a health care professional's statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

4. My child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional's signed statement and will submit it to the child-care operation.

Name and address of health care professional:

Signature - Parent or Legal Guardian

Date

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2150 S. Edmonds Lane
Lewisville, Texas 75067
972-459-3000



1001 E. Sandy Lake Road
Coppell, Texas 75019
972-393-3200

AUTHORIZATION AGREEMENT FOR AUTOMATIC PAYMENT

For your convenience, your monthly fee can be automatically charged to your credit card each month. *Please Note: There is a \$3.00 convenience charge per transaction for using this payment option.* Complete the information below and return this form prior to the payment due date.

Please Print Clearly:

Student(s) Name: _____

Parent's Name: _____ Home Phone: _____

Name as it appears on Credit Card: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email Address to send Confirmation of Payment: _____

Please charge my: Visa MasterCard Discover JCB Is this a debit Card? : YES NO

Card Number: - - -

Expiration Date: /

Payment Options:

Monthly

Date of Automatic Payment on the _____ of each month.

Amount of Automatic Payment \$ _____ + \$3.00 (convenience charge)

*If the date of the automatic payment falls on a weekend, the payment will be automatically charged on the next business day.

Effective Date of Authorized Automatic Payment Agreement: _____ Ending Date: _____

It is my understanding that it is my responsibility to communicate with the Universal Satori Learning Centers Administrative Office if this agreement is to be terminated before the ending date. I authorize Universal Satori Learning Centers to automatically charge my debit/credit card as indicated above for my student(s) fees. If the transaction is declined, an attempt will be made to charge the debit/credit card on the next business day. There will be a **\$35.00** charge for all declined or expired cards. Payment must be rectified within 5 business days and you will no longer be able to make any future payments using the Authorization Agreement for Automatic Payment Form.

Signature of Card Holder _____ Date _____

Relationship to Student _____



**Universal Satori Learning Centers, Inc.
Extended-day /After-School Hours Program
Parent/Guardian Contract**



*******PARENT COPY*******

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You may not switch your pick-up time once initial fees have been paid.

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