

2025-2026 Parent/Provider Agreement

This agreement is made between *The Children's House of Wellington* (Provider)

And _____ (Parent / Guardian)

For the care of _____ (child / children)

- This agreement is for **10 months (August -May)** unless agreed upon and signed by both parties in writing.
- **A non-refundable registration fee in the amount of \$ 200.00 is due upon registration.**
- **A non-refundable Material Fee of \$300.00 for the Year is due upon Registration.**
- **A non-refundable Advance of half of the first month's Tuition (August) is due upon Registration.**
- Payments must be made on the 1st of the month. A Late payment of \$25.00 will be applied after the 5th of the month.
- Fees for late pick-up will be **\$10.00** for each **15 minutes**.
- Clients will be charged **\$30.00** for any returned checks.
- The provider may terminate without notice due to any violations of this agreement, or if the welfare of any child or teacher is in danger.

Please check selected option 

Five Day Program

Morning Preprimary

☐ 8:30 - 11:30 \$1000.00

Morning Preprimary, Extended Day & **Kindergarten**

☐ 8:30 - 1:30 - 2:00 \$1050.00 - (Pick-up outside on playground 1:30-2:00)

Morning Preprimary, Extended Day with late pick-up

☐ 8:30 - 2:30 \$1100.00

Three/Four Day Program -Monday, Tuesday, Wednesday and Thursday

Morning Preprimary

☐ 8:30 - 11:30 \$950.00

Morning Preprimary, Extended Day

☐ 8:30 - 1:30 - 2:00 \$1000.00 - (Pick-up outside on playground 1:30-2:00)

Morning Preprimary, Extended Day with late pick-up

☐ Price available on request

I, the undersigned, hereby understand and agree to the above written agreement. I also agree to abide by any and all written and verbal agreements as outlined in the Provider's Policies & Parent Handbook. I understand that infringement of any of the Provider's policies will be just cause to terminate this agreement.

Parent Signature _____ Date _____

Phone # _____ Email _____

Please check your payment option 

- ☐ Yearly - One Payment (\$15.00 discount per month)
- ☐ Bi Yearly - Two Payments (\$10.00 discount per month)
- ☐ Monthly

Mail Check to:

The Children's House of Wellington

12794 Forest Hill Blvd #12

Wellington, FL 33414

OR

Call 561-790-3748 to make Payment by Phone with Credit Card

12794 Forest Hill Blvd Suite 12 - Wellington, FL 33414 - (561) 790-3748

www.childrens-house.com