

2026-2027 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 otherwise agreed upon in writing by both parties.
- A **non-refundable registration fee in the amount of \$200.00** is due upon registration.
- A **non-refundable material fee of \$300.00** per 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 **\$15.00** 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 select your program 

Five Day Program

Morning Preprimary

8:30 - 11:30 \$1050.00

Extended Day / Kindergarten

8:30 - 2:00 \$1200.00 - (Pick-up outside on playground 1:30-2:00)

Extended Day with late pick-up (*limited spots available*)

8:30 - 2:30 \$1250.00

Extended Day is for children who are ready to participate in a full day program.

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

Morning Preprimary

8:30 - 11:30 \$975.00

Extended Day

8:30 - 2:00 \$1100.00 - (Pick-up outside on playground 1:30-2:00)

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.

Tuition is based on annual enrollment and is not adjusted for absences, holidays, school closures, or illness.

Parent Signature _____ Date _____

Phone # _____ Email _____

Please select your payment option 

- Yearly - One Payment (\$20.00 discount per month)
- Bi Yearly - Two Payments (\$15.00 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 a credit card