



MOMMY & ME TODDLER ENROLLMENT AGREEMENT 2025-2026

Child's Name: _____ Child's Date of Birth: _____

Parent / Guardian Name: _____

Parent/Guardian Phone: _____

Allergies: _____

Best E-mail (We use email regularly to communicate with our families): _____

PROGRAM SELECTION:

CLASS TIMES: 8:00 AM-9:30 AM (all days offered)

CHOOSE YOUR CLASS DAY: Select **ONE** day per week.

Ages: 1.5 - 2.5 years

Ages: 2.5 - 3 years (those missing preschool cutoff date of 5/1)

Monday

Wednesday

Tuesday

Thursday

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____ **REGISTRATION FEE:** I understand that an annual, non-refundable, **Registration Fee of \$75.00** shall be paid at the time of enrollment for my child.

_____ **TUITION FEE SCHEDULE:** Monthly tuition fees will be a flat rate fee per month. The monthly tuition fees will be due on or before the first day of each month with the exception to August, where the tuition will be due the first day of school. Tuition rates will reflect school holidays or breaks. **Rates are based on your program of choice and do not change due to the number of days attended.**

The monthly tuition fees will be as follows:

	WITH ENROLLED ILIAD SIBLING	W/O ENROLLED ILIAD SIBLING
August 2025	\$ 75.00	\$ 95.00 (School starts 8/4/2025)
September 2025	\$ 75.00*	\$ 95.00*
October 2025	\$ 75.00	\$ 95.00
November 2025	\$ 75.00*	\$ 95.00*
December 2025	\$ 75.00	\$ 95.00
January 2026	\$ 75.00*	\$ 95.00*
February 2026	\$ 75.00*	\$ 95.00*
March 2026	\$ 75.00	\$ 95.00
April 2026	\$ 75.00	\$ 95.00
May 2026	\$ 75.00	\$ 95.00 (School ends 5/21/2026)

**The schedules that have holiday observances that fall on a class day will receive a tuition credit of \$18.00 (for Iliad Siblings) and a tuition credit of \$23.00 (non- Iliad siblings) for (4) holiday observances that fall on a Monday which include Labor Day (September), Veterans Day (November), Civil Rights Day (January), and President's Day (February). Credit for all schedules will be applied during Fall, Thanksgiving, Winter and Spring Breaks.*

SECTION 1: TUITION AND FEES (Continued)

_____ **PAYMENT OF TUITION:**

I understand that tuition is due and payable as noted:

Monthly Tuition is due on or before the first of every month that your child is scheduled to attend with the exception to August, where the tuition will be due on the first day of school.

_____ **LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$25 per week that tuition is not received. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **PAYMENT OPTIONS/CREDIT CARD FEES:** The monthly tuition fees can be paid in the form of cash, money order, check or debit/credit card. The Iliad Academy Preschool gladly accepts Discover, Visa, MasterCard or American Express. **There is a convenience fee of \$3.50 per transaction.** If you would like to set up an automatic payment plan with The Iliad Academy Preschool, please request the Authorization Form for this option.

_____ **RETURNED CHECKS:** I understand that a processing fee of \$35 will be charged to my account for all checks which are returned for any reason and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I understand that once a check has been processed, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six-month period, I will be required to pay by an alternate method of payment for the next six-month period.

_____ **ABSENCES:** Your child's space is guaranteed, and for this reason refunds or credits will not be granted for absences.

HOLIDAYS: *The schedules that have holiday observances that fall on a class day will receive a tuition credit of \$16.00 (for Iliad Siblings) and a tuition credit of \$23.00 (for non-Iliad siblings) for four holiday observances which include Labor Day(September), Veterans Day (November), Civil Rights Day (January), and President's Day (February). This credit will be reflected in the tuition amount due for the month in which the holiday falls.*

FALL BREAK/ THANKSGIVING BREAK/WINTER BREAK/SPRING BREAK: A credit will be issued for all schedules during school breaks. October/Fall break, November/Thanksgiving break, December & January/Winter break and March/Spring break. Tuition credit of \$18.00 (for Iliad Siblings) and a tuition credit of \$23.00 (for non-Iliad siblings) per break.

_____ **WITHDRAWAL FROM PROGRAM:** I understand that I must provide a two (2) week written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for two (2) weeks, whether or not my child attends. I understand that when my child is withdrawn, he or she will only be eligible for re-admission based upon space availability and all other enrollment criteria.

If my child is selected for re-enrollment, I will be required to complete a new Enrollment and Registration form at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable. I understand that a processing fee of \$35 will be charged to my account for all checks which are returned for any reason.

SECTION 2: DAILY PROCEDURES AND POLICIES

_____ **PARENT PROVIDED SNACK:** I understand that I will be required to provide a nutritious snack daily for my child. The Arizona Department of Health Services Child Day Care Licensure requires that snacks served contain foods low in salt, fat, and sugar and that drinks provided include only 100% fruit juice, milk or water.

_____ **SPILL PROOF CUP OF WATER:** Please bring a spill proof cup of water with your child to class each day. Please make sure that it is clearly labeled with your child's first and last name.

_____ **SICK CHILD POLICY:**
Children should be kept at home if they show any sign of illness, such as a fresh cold, red throat, infected eyes, fever, upset stomach, diarrhea, lice or any other contagious or infectious disease. Daily health checks will be performed at The Iliad Academy Preschool to screen and protect your child.

Sick children will not be admitted to The Iliad Academy Preschool. If a child demonstrates any behavior or condition that is determined to be an illness by The Iliad Academy Preschool staff they will not be allowed to attend the class that day.

Preschool regulations state that any child with a contagious illness may not stay in a preschool/childcare center. Therefore, if your child becomes ill during class, you will be asked to take your child home.

Children are considered contagious after a fever until they have gone twenty-four (24) hours without the use of medication such as Tylenol, Aspirin, or Motrin.

_____ **COMMUNICABLE DISEASES:**
Please notify The Iliad Academy Preschool **immediately** if your child has a communicable disease such as strep throat, conjunctivitis, ring worm, head lice, impetigo, etc. It is important that we inform families of any exposure as quickly as possible.

_____ **BITING POLICY:** For the safety of all children enrolled in our program, The Iliad Academy Preschool reserves the right to terminate enrollment if biting occurs. A decision will be made by the Director, in consultation with the teacher and the child's parent(s) regarding continued enrollment.

_____ **TOILETING NEEDS POLICY:** Parents are required to assist their child with toileting needs or diaper changes. For the comfort of others, should your child have a bowel movement in their diaper during class, please excuse you and your child from class for a diaper change.

_____ **MEDIA RELEASE:** With the Director's approval, occasionally our staff, parents and local media take photographs and/or video. This may include newspaper, television, websites or other media productions. This also includes our Academy's website and Facebook page. By initialing this area you agree that you have been notified of the possibility that your son or daughter may be included in photographs or video and permit the use for public print, display or broadcast.

Please mark this box if you do **NOT** give permission for The Iliad Academy media release for your child.

I, _____ (Print Name), recognize and understand the financial obligation associated with the preschool program I have selected for my child. I understand The Iliad Academy Preschool's policies concerning my child's preschool program and agree to pay all stated fees for preschool as noted in The Iliad Academy Toddler Enrollment Agreement.

I have read and initialed this agreement in its entirety and agree to follow the written policies and procedures for The Iliad Academy Preschool.

I have also read and agree to follow The Iliad Academy Preschool Parent Handbook. I understand I may request a copy of the Parent Handbook or I have access to it on The Iliad Academy Preschool website: www.theiliadacademy.com.

Enrollment and Registration Completed on: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Accepted by The Iliad Academy Preschool: _____