



The Burlington Academy of Learning

Where Children and Families Are Celebrated!

PARENTAL AGREEMENT

My (our) signature(s) below indicates that I am (we are) the person(s) legally responsible for the care of the child(ren) named below and that I (we) have read, understand, and agree to abide by all policies described in *The Burlington Academy of Learning Family Handbook* located on our website and herein.

My child(ren), _____, hereinafter referred to as "my child(ren)" has permission to participate in the programs and activities of *The Burlington Academy of Learning*, including the use of all equipment.

The Burlington Academy of Learning is authorized to provide first aid to my child(ren) in the event of medical emergency.

I (we) have discussed the behavior management techniques and policies used at *The Burlington Academy of Learning* with the School Administrator and have access to the Family Handbook on the school website which we can refer to if any questions arise.

The Burlington Academy of Learning is authorized to obtain emergency medical treatment from a licensed medical facility (including drawing blood and taking X-rays) for my child(ren) should the need for such treatment arise. I (We) agree to assume all financial responsibility that may arise pertaining to the emergency including transportation to the hospital or physician's office.

The undersigned parent/legal guardian(s) shall be known as the "contact parent(s)" in the event of an emergency. The "contact parent(s)" may be changed at any time.

I (We) grant permission for *The Burlington Academy of Learning* to take photographs, slides and/or videos that include my child(ren) while my child(ren) is at school or participating in school-related functions. I (We) also grant permission for *The Burlington Academy of Learning* to use such materials in informational and promotional materials including, but not limited to, newsletters, brochures and website. (*The Burlington Academy of Learning* will not identify any child(ren) by name in such materials without first obtaining written parental/guardian consent.)

For tuition based programs, I (We) understand that, regardless of absences or withdrawal (for any reason including but not limited to relocation), the most recently established annual tuition for my child(ren)'s program(s) is non-refundable and will be paid to *The Burlington Academy of Learning* through my (our) enrollment in the FACTS Tuition Management Service. I understand that tuition, late payment fees and returned payment fees will be automatically deducted from my checking account, savings account or credit card account on the 5th or 20th of each month, as I (we) have directed through my (our) FACTS enrollment, during the enrollment period (July to June) unless I (we) have selected a full payment option. I (We) understand that I/we will not receive an invoice every month for tuition based programs but will have online access to my (our) FACTS Tuition Management account through www.factsmgmt.com.

I (We) agree to maintain adequate funds in the account I (we) associate with the FACTS Tuition Management Service to meet our monthly obligation. I (We) understand that, if there are not sufficient funds to cover our monthly obligation that the FACTS Tuition Management Service will attempt to resubmit their request and a failed second attempt would result in our account being assessed a \$25 late payment fee. I (We) also understand that, in the event that my financial institution returns a payment, a \$25 FACTS Returned Payment Fee will be automatically processed from the account provided within 20 days. A returned payment fee will be assessed for each payment attempt that is returned. If any returned payment fees are returned, they will be reattempted.

For all daily fee programs including but not limited to the Before School Program, the Lunch Bunch Program and the After School Program, I (we) agree to pay my (our) balance due within 30 days of the invoice or statement date. I (we) agree to pay late fees computed at an annual rate of 18% on any amounts due on my (our) account 30 days after the invoice or statement date. I (we) also agree that, any amounts due from daily fee programs 30 days after date of invoice may be, at the discretion of *The Burlington Academy of Learning*, be applied to my FACTS account (if applicable) for automatic payment from my (our) checking account.

In the event that my (our) unpaid account is placed in collection, I (we) agree to be responsible for all costs for collections and reasonable attorney fees incurred in collecting the delinquent amount due.

This agreement must be signed by both parents/guardians and responsible parties. Responsible parties are defined as anyone, other than the parents/guardians (such as Grandparents, Uncles, Aunts, etc.), who accept responsibility for payment of tuition and other fees, assessed by *The Burlington Academy of Learning* or the FACTS Management Company, by enrolling in the FACTS Tuition Management Service.

Signature of Mother/Guardian: _____ Date: ____/____/____

Signature of Father/Guardian: _____ Date: ____/____/____

Signature of Responsible Parties: _____ Date: ____/____/____