



# PARENTAL AGREEMENT 2025 / 2026

My (our) signature(s) at the end of this document indicate(s) 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 emailed to me in my initial “Welcome Email”. I (We) authorize release of my (our) child to the person(s) listed on our “Registration Form”.

## General School Policies

|                                   |   |
|-----------------------------------|---|
| <i>Field Trips and Activities</i> | My child(ren), hereinafter referred to as “my child(ren)” has permission to participate in the programs and activities of <b>The Burlington Academy of Learning</b> , including the use of all equipment and participation in field trips. I understand that I will be informed in advance of all field trips off <b>The Burlington Academy</b> premises. I (We) authorize <b>The Burlington Academy</b> to transport my child for field trips and to/from their public school as needed. |
| <i>Photos</i>                     | I (We) grant permission for <b>The Burlington Academy of Learning</b> to take photographs, slides and/or videos that include my child(ren) while my child(ren) is (are) at school or participating in school-related functions. These photos will be sent via ProCare to families of <b>The Burlington Academy of Learning</b> , and used throughout the classroom and school.  |
| <i>Photo Release Permission</i>   | <p>In addition, <b>The Burlington Academy of Learning</b> may use these photographs, slides and/or videos mentioned above in informational and promotional materials including, but not limited to, newsletters, brochures and any and all social media accounts associated with <b>The Burlington Academy of Learning</b> website.</p> <p>_____ Yes, I (We) give permission</p> <p>_____ No, I (We) do not give permission</p>   |
| <i>Behavior</i>                   | The behavior management techniques and policies used at <b>The Burlington Academy of Learning</b> have been discussed with me and I (we) understand them and that we can refer to them at any time in the <i>Family Handbook</i> .  |
| <i>School Calendar</i>            | I (We) have received the school calendar, and understand that changes may be made regarding closures for any reason at Administration discretion. These changes will be communicated as soon as possible, via email and/or ProCare message.   |
| <i>Email</i>                      | I (We) agree to provide my (our) email address(es) to <b>The Burlington Academy of Learning</b> and accept invoices, statements and school related correspondence via that (those) email address(es).   |

*All responsible parties must initial, acknowledging receipt:*

# Medical Policies

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| <i>First Aid and Medical Treatment / Transport</i> | <p><b>The Burlington Academy of Learning</b> is authorized to provide first aid to my child(ren) in the event of a medical emergency. <b>The Burlington Academy of Learning</b> 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.</p> <p>I (We) agree to assume all financial responsibility that may arise pertaining to the emergency including, but not limited to, transportation to the medical facility 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 by submitting such change in writing (or email to <a href="mailto:mainoffice@burlingtonacademy.com">mainoffice@burlingtonacademy.com</a>).</p> |
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# Illness Policies

|                      |  |
|----------------------|--|
| <i>Receipt</i>       | <p>I (We) have received, read, and understand <b>The Burlington Academy of Learning</b> illness policy. I (We) agree to the policy as it is stated and understand that it can change at any time with written notice and that it is my (our) responsibility to maintain the email provided to see such notices.</p> <p>I (We) understand that these policies may supersede physician suggestion for a child's return to school.</p>  |
| <i>Understanding</i> | <p>I (We) understand that these policies are put in place with much consideration and communication with the Bristol Burlington Health Department and CDC Guidelines. <b>The Burlington Academy of Learning</b> will always be as fair as possible regarding illnesses case by case and will be communicative of highly contagious illnesses diagnosed within the building(s). I (We) understand this is done for the main purpose of keeping families informed in order to make the best decisions for their child(ren) and their families.</p> <p>I (We) agree to treat the staff with respect regarding implementing illness policies and protocol.</p> |

# Commitment / Withdrawal

|   |   |
|---|---|
| <i>Commitment</i>   | <p>Our Programs at <b><i>The Burlington Academy of Learning</i></b> require a <b>year-round</b> attendance September - August. This policy is essential to ensure commitment to our teachers and the highest quality of programs. We offer accommodation for parents who are teachers and make an exception allowing a school year commitment, only with the option to register for summer on an a la cart basis.</p>   |
| <i>Deposit and Withdrawal</i>                                       | <p>If a family chooses to withdraw their child from the school <b>before the end of the academic year</b>, the two-week tuition deposit will be <b>forfeited</b>. This deposit is intended to secure the student's enrollment and assist the school in planning and staffing for the academic year.</p> <p>However, in cases of <b>extenuating circumstances</b>, such as family relocation, serious illness, or other significant unforeseen events, a request for an exception may be submitted in writing. Such requests will be <b>reviewed by the Head of School and the Dean of School</b>. If both approve the request, the forfeiture of the deposit may be waived at their discretion.</p> <p>All withdrawal notices must be submitted in writing to the school administration. The date the written notice is received will serve as the official withdrawal date for administrative and financial purposes.</p> <p>The two-week deposit will be applied to your child's last two weeks of attendance at the end of the school year when they age out of our program.</p> |
| <i>Balance</i>  | <p>I (we) understand the tuition for my child(ren)'s program(s) is non-refundable and any balance due will be paid by me (us) by check directly to <b><i>The Burlington Academy of Learning</i></b> immediately upon withdrawal. I (We) understand that failure to do so will result in collection/legal action.</p>  |
| <i>All responsible parties must initial, acknowledging receipt:</i> |   |

# Financial Policies

|   |  |
|---|--|
| <i>Tuition,<br/>Enrollment<br/>and<br/>Registration</i> | <p>I (we) understand upon enrollment there is a non-refundable \$225 enrollment fee for the first child, and \$180 for each subsequent child. There is also an annual non-refundable \$180 registration fee that is required of all students at the time of re-registration each school year. Currently enrolled families will pay the registration fee at re-registration each new school year and not the enrollment fee.</p> <p>I (We) understand that my (our) child(ren)'s tuition is paid through weekly installments by enrolling in the <i>Tuition Express Tuition Management Program</i>. I (we) understand that our fixed weekly tuition will be paid through <i>Tuition Express</i> on the last business day of the week.</p> |
| <i>Attendance</i>                                       | <p>For my (our) child(ren)'s Programs, I (we) understand that my (our) child(ren)'s tuition is a fixed weekly cost, and <b>not attendance based</b>.</p> <p>I (we) understand that my (our) child(ren)'s weekly tuition will be charged <b>regardless</b> of absences due to sick days, personal days, vacation days, teacher prep days, snow days, holidays and winter break.</p>   |

## Late / Returned Payments & Delinquency

|                                |  |
|--------------------------------|--|
| <i>Fees</i>                    | <p>I (We) understand that tuition, late payment fees and returned payment fees will be automatically deducted from my checking account or savings account as I (we) have directed through my (our) Tuition Express account.</p> <p>I (We) understand that I (We) will not receive an invoice every month for my child(ren)'s tuition based programs. If payment is declined through Tuition Express, the account is assessed a \$35 late fee. Parents must ensure adequate funds are in the account within 7 days as the fees will be debited again (resulting in an additional \$35 late fee payment if funds are not adequate).</p> <p>I (We) agree to pay an administrative returned check fee of \$35 for any check we make payable to <b>The Burlington Academy of Learning</b> that is returned by the bank due to insufficient funds.</p> |
| <i>Interest</i>                | <p>I (we) agree to pay interest computed at an annual rate of 18% on any amount due past 30 days.</p>  |
| <i>Delinquent<br/>Accounts</i> | <p>In the event that my (our) unpaid account(s) is/are placed in collection or if a court claim is filed to collect any funds owed, I (we) agree to be responsible for all costs and reasonable attorney fees incurred by <b>The Burlington Academy of Learning</b> in collecting the delinquent amount due.</p>   |

*All responsible parties must initial, acknowledging receipt:*

# FINANCIAL POLICIES FOR BEFORE SCHOOL and SUMMER CAMP

|               |   |
|---------------|---|
| Before School | <p>For all daily fee programs, including but not limited to the Before School Program , I (we) understand that fees are due and payable on a weekly basis, and that these fees will be paid through Tuition Express on the last business day of the week.</p>   |
| Summer Camp   | <p>For Summer Camp Programs, running June through August, I (we) understand that, regardless of absences or withdrawal for any reason (including, but not limited to, relocation), the tuition for my child(ren)’s program(s) is <b>non-refundable</b>.</p> <p>Absences for any reason including, but not limited to illness or vacation are <b>not</b> eligible for make-up.</p> <p>I (We) understand that all Summer Camp Program tuition balances are due and payable by <b>June 1st</b>. I (we) agree to pay interest computed at an annual rate of 18% on any amounts past due 30 days. If registering after June 1st, I (we) understand that all fees are due at the time of registration for the Summer Camp Program.</p> <p>Once a child’s Summer Camp schedule has been established and given to <b>BAL</b>, if a change in schedule going forward is made there is a \$50 fee, assuming <b>BAL</b> is able to accommodate.</p> <p>There is a \$75 registration fee for Summer Camp. However, it will be waived if the registration is received prior to April 15th.</p> <p>If you are a teacher receiving the “<b>School Year</b>” only attendance accommodation and you wish to register for any Summer Camp, you will need to pay the Summer Camp registration fee (waived if registration is received prior to May) and full payment for intended attendance prior to June. “<b>Year Round</b>” attendance and rates will remain the same.</p> |

*All responsible parties must initial, acknowledging receipt:*

# Signature Page

This page of this document must be signed by **both** parents/guardians and responsible parties, and references receipt and understanding of all policies and agreements stated in each section of the Parental Agreement. 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 *Tuition Express Management Company*.

|  |              |                     |
|--|--------------|---------------------|
| Child's Name: _____                                    |              | DOB: _____          |
| Child's Name: _____                                    |              | DOB: _____          |
| Child's Name: _____                                    |              | DOB: _____          |
| Name of Mother/Guardian: _____                         |              |                     |
| Signature of Mother/Guardian: _____                    |              | Date:____/____/____ |
| Name of Father/Guardian: _____                         |              |                     |
| Signature of Father/Guardian: _____                    |              | Date:____/____/____ |
| Name of Other Responsible Party: _____                 |              |                     |
| Signature of Other Responsible Party: _____            |              | Date:____/____/____ |
| _____  | _____        | Date:____/____/____ |
| Signature of Head of School/ Assistant Head of School. | Name / Title |                     |