



Smart Bees Learning Center

TUITION CONTRACT 2018-2019

I (we) clearly understand and accept the Tuition Policy as outlined by the Board of Education (“Board”) of the Academy. I (we) understand that there are separate \$200 activity/curriculum fee per student, \$50 technology fee per child and \$50 smart tuition fee per family (only for families with payment plans). All fees must be paid by June 13th, 2018. Late fee of \$100 will be charged if all fees are not paid by the above-mentioned date.

Please select one of the following three payment options:

1- () It is mutually agreed that the tuition for the student named _____ will be paid in full at the beginning of the school year.

OR

2- () I/ we are not in a position to pay the tuition at the beginning of the year; it will be paid in 3 installments according to the following payment plan:

Full-time Preschool M-F (8-3:30)		Part-time Preschool T,W,Thur (8-3:30)	
Amount due by	Tuition Amount	Amount due by	Tuition Amount
August 25 th , 2018	\$2,100	August 25 rd , 2018	\$1,400
January 2 nd , 2019	\$2,100	January 2 nd , 2019	\$1,400
April 1 st , 2019	\$2,100	April 1 st , 2019	\$1,400
Total	\$6,300	Total	\$4,200

OR

3- () I/ we request a **special payment plan**. We are able to pay the tuition in **10 monthly installments**.
(Aug. 2018 – May 2019)

(The 1st installment is due on August 25th, 2018 and the last installment is due on May 1st, 2019.

Furthermore, I (we) agree to abide by the tuition policies and deadlines as outlined above and take full responsibility for any delinquent amounts that may be owed by us. I (we) also understand and agree that in case of a delinquent account my child (ren)’s **records will not be released** to any third party (including other educational institutions). I (we) have also read and understand the **Student Withdrawal Policy** stated in the Madina Academy Handbook. **If I (we) withdraw our child from the Smart Bees Learning Center for any reason, we agree to pay the tuition in full per this agreement.** If it is necessary to employ a professional collection agency and/or attorney to enforce or to collect a judgment based upon this agreement, I / we will be responsible for paying all expenses accrued including, but not limited to, collection agency fees, court fees and attorney fees.

Father’s (Guardian’s) Name: _____

Mother’s (Guardian’s) Name: _____

Names of other children if attending Madina Academy: _____

Mailing Address _____

Telephone: Home / office/ mobile: _____

Father’s (Guardian’s) Signature

Date

Mother’s (Guardian’s) Signature

Date

Office use only	
Date Rec’d:	Student Name:
Received by:	
Comment:	