

**Child's Conceptions
(AKA)
House at Pooh Corner Daycare
311 E. Walnut Lane
Philadelphia, PA 19144
215-843-0815**

Waiting List Agreement

Date: _____

Child's Name: _____

Child's Date of Birth: _____

Family Address: _____

| Parent Name | E-Mail Address | Telephone # |
|-------------|----------------|-------------|
| | | |
| | | |

Waiting list deposit: \$50.00

Amount of Deposit: \$ _____ (Please make check payable to Child's Conceptions) or Zelle payment: Kim.e.selman@gmail.com

Waiting List (Give time period for which you will wait)

I hereby understand and agree that my deposit for the waiting list is refundable if and only if a space is not available within my given time period listed above. If and when I enroll my child, my deposit will be applied towards the enrollment deposit.

Signatures of Parent: _____

HOUSE AT POOH CORNER/CHILD'S CONCEPTIONS, INC.
Tuition and Fee Schedule & Agreement Form 2025/26 School Year

Child's Name _____ Date of ADMISSION _____

Monthly Tuition Rates – Payment due on the first of each month.

* CIRCLE ONE

| AGES 0 – 2 YEARS | AGES 2 – 3 ½ | AGES 3 ½ -- 5 ½ |
|----------------------------|----------------------------|----------------------------|
| 2 days per week -- \$1164. | 2 days per week -- \$1070. | 2 days per week -- \$981. |
| 3 days per week -- \$1497. | 3 days per week -- \$1408. | 3 days per week -- \$1202. |
| 4 days per week -- \$1726. | 4 day per week -- \$1554. | 4 days per week -- \$1382. |
| 5 days per week -- \$1889. | 5 days per week --1645. | 5 days per week -- \$1491. |

**15% Discount on tuition of oldest child for families with more than 1 child on the portion of the tuition that children's days overlap.

Hours of Operation 7:30 AM – 5:30 PM

DAILY DROP-IN RATES

| AGES 0 – 2 YEARS | AGES 2 – 3 1/2 | AGES 3 ½ -- 5 ½ |
|------------------|----------------|-----------------|
| \$95.00 | \$85.00 | \$75.00 |

REGISTRATION FEE -- \$50.00 annual*

ADJUSTMENT WEEK FEE -- \$150.00

*(amount deducted from initial deposit annually)

Field Trips and Special Classes billed separately as they occur.

INSURANCE DEFRAYAL -- \$250.00 per family for the 25/26 term – due August 15

RETAINER FEE – ½ Monthly tuition – Maximum 2 months per calendar year

LATE PAYMENT CHARGES

\$10.00 for payments made after the 5th of the month

\$10.00 additional if payment is not received by the 15th of the month

\$10.00 for each installment payment made 5 days past the due date

INSTALLMENT PAYMENT CHARGES

\$5.00 for each installment payment unless waived by special arrangement

RETURNED CHECK FEE -- \$25.00 (replacement payment for bounced check must be made in cash)

DAILY LATE FEES

\$5.00 – (5:30 – 5:45) \$10.00 – (5:45—6:00 PM.) \$15.00 per fifteen minute interval or fraction thereof after 6:00 P.M.

MONTHLY LATE FEES TILL 6:00 PM Based on the number of days per week child is scheduled

\$10.00 – 2 DAYS; \$15.00 --3 DAYS; \$20.00--4 DAYS; \$25.00--5 DAYS PER WEEK SCHEDULE

I have been given a copy of the tuition and enrollment policies of Child's Conceptions, Inc. and I agree to adhere to the terms and current rates.

Signature of Parent or Guardian _____ Date _____

Persons to Whom child may be released _____

Provider Signature _____