



Young Naturalist Preschool
 (Warwick Location)
 Mountain Lake Park
 46 Bowen Road Warwick NY
 Mailing Address: P.O. Box 451, Cornwall, NY 12518
 (845) 534-5506 x204

Young Naturalist Preschool Program

2024-2025 Sample Contract

Congratulations!

The Hudson Highlands Nature Museum is pleased to offer your child, _____ (Child's Name) _____, a place in the Young Naturalist Preschool's _____ (Class Name) _____ class for the 2024-2025 school year (September 2024-June 2025).

Please read and sign the following terms of registration, and submit your registration fee and first tuition payment by _____ (Due Date) _____ to secure your child's space in the Young Naturalist Preschool.

The _____ (Class Name) _____ class meets _____ (Time) _____ at the HHNM satellite location, Mountain Lake Park, 46 Bowen Road Warwick NY. You are signed up to attend _____ (Days) _____.
 Tuition for the 2024-2025 school year will be _____ (Tuition) _____.

The following terms and conditions apply; please read carefully and initial each term:

Tuition Terms and Conditions

- _____ A \$65, **non-refundable**, one-time registration fee, and a non-refundable payment of 10% of the full tuition must be returned with this contract by _____ (Due Date) _____.

<u>YN CLASS</u>	<u>REGISTRATION FEE</u>	<u>1st TUITION INSTALLMENT</u>	<u>TOTAL DUE AT REGISTRATION</u>
	\$65		

- _____ Remaining tuition balance can be paid in full or in nine monthly installments. Remaining tuition balance paid in full by June 1, 2024, will be discounted 5% by cash/check or 1.5% by credit card. Checks can be made payable to **HHNM**.

Please select your preference:

- I will pay our **remaining tuition balance** in full by **June 1, 2024**
 Remaining tuition balance paid in full by cash or check: _____ (Tuition) _____
 Remaining tuition balance paid in full by credit card: _____ (Tuition) _____
- I will pay our tuition balance in monthly installments of _____ (Tuition) _____, due on the first of the month in **June, September, October, November, December, January, February, March, and April**. Tuition is due according to schedule regardless of attendance, holidays, or emergency closings.

**Automatic payment by credit card is available; please call 845-534-5506 x 204 or complete the included credit card form to schedule automatic payments.

- If tuition fees are unpaid one month or more, my child will not be allowed to attend class until payment is brought up to date.** A \$50 late fee will be added to my installment if payment is not received by the 5th day of the month. A \$20 bank fee will be charged for returned checks.
 - _____ Please make every effort to submit your payments on time. We do our best to be flexible, but additional administrative fees may be added if we need to continually reach out regarding missed payments.

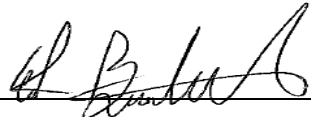
- b. _____ If payments are excessively late for multiple months OR late payments result in your monthly schedule being extended past the end of the school year, we will ask you to set up automatic payments for your remaining balance. This must be set up using a valid credit card. Debit cards will not be accepted.
3. _____ Included in my tuition is a HHNM Family Plus membership. This membership will be valid from September 1st 2024 through September 1st 2025.
 - a. If I withdraw from the program, the included membership will be valid until the end of that month.
 - b. If I am already a museum member when the included membership begins, my membership will pause and then restart when the included membership ends.
 - c. _____ I would like to add an additional contribution to join at a [higher membership level](#) or join the [Acorn Society](#).

Class Terms and Conditions

1. _____ Children in the _____ (Class Name) class must be *at least* **3** years of age by **12/1/2024**.
2. _____ **Children must be toilet trained**. Children who are not toilet trained will not be allowed to remain in the program. Tuition refunds *may* be issued in accordance with term #4.
3. _____ I understand that a current copy of my child's immunization record or statement of medical exemption, in accordance with Public Health Law Section 2164 School Immunization Requirements, **MUST** be submitted by the beginning of the school year. The Young Naturalist Preschool follows all state and Department of Health policies on immunizations, including any new or updated requirements.
4. _____ I understand that my child is enrolled for the entire school year and that by signing this contract, I am responsible for the full year's tuition.
 - a. _____ If my child is withdrawn from the program for a documented medical reason or military relocation, a tuition refund will be issued within 15 days of withdrawal, prorated from the withdrawal date.
 - b. _____ If withdrawal is done for **any** other reasons, I am still responsible for the remaining balance and a partial refund will be issued within 15 days *after the slot has been filled by a new enrollment*. Proration will be calculated from the date of the new enrollment, **not** the date of withdrawal. If the slot remains empty, no refund will be issued. The \$65 registration fee and first month's payment are **non-refundable** under any circumstances.
 - c. _____ Otherwise, refunds *may* be issued only by authorization of administrative staff.
5. _____ I understand that HHNM reserves the right to terminate this contract at any time during the year, in which case my child will no longer attend. Should termination be deemed necessary, it will be effective immediately upon written notice, which may take place at the time of pick-up. The \$65 registration fee is not refundable; however, a refund of paid tuition will be made based on the number of full or partial weeks my child was in attendance.
6. _____ I understand that HHNM occasionally uses photographs in press releases to regional media, as well as the Museum's Bulletins, website, Facebook, and other marketing materials. By signing this contract, **I give permission for photographs of my child and/or family members to be used in this manner**. If I do not wish my child's photograph to be used, I will provide a *separate* written notice outlining my wishes.

7. _____ I understand that the YN program follows the Warwick Valley Central School District vacation schedule. In the case of closings due to inclement weather, the YN Program will follow the Warwick Valley Central School District procedures *except in the case of a two-hour delay in which case morning YN classes will have a one-hour delay*. If other emergency circumstances arise that require program delay or cancellation, I will be contacted by YN staff directly.
8. _____ I understand that if my child becomes ill during the day, I will be called to pick up my child as soon as possible. *YN staff cannot administer medications*.
9. _____ I understand that **only** authorized persons will be allowed to pick up my child. Children will not be released to anyone else without written authorization. I am responsible for keeping the list of authorized persons up to date throughout the school year.
10. _____ As a member of the Young Naturalist community, I pledge to prioritize the health and safety of the children, families, and staff by keeping my child home when there are any signs of illness and erring on the side of caution.
11. _____ Registration is contingent upon meeting minimum enrollment requirements. In the unlikely event the program is unable to be run a full refund of any payments made will be issued.

Contract has been reviewed by Warwick Young Naturalist Program Director Erik Breitenbach

Program Manager Signature  Date _____

Name of Parent/Guardian(s) responsible for payment of registration and tuition, and names included on Museum Membership:

Parent/Guardian Name(s): (1) _____ (2) _____

Parent/Guardian Signature: _____ Date: _____

Address: _____

Preferred Phone #: _____ Alternate Phone #: _____

Preferred Email: _____ Alternate Email: _____

Credit Card Authorization

If you would like your payment information saved for automatic payments, you may complete this form. You may also call 845-534-5506 x 204 to provide your card number.

I, _____, authorize the following credit card to be used for the deposit of _____ (Tuition)_____.

Check here to have your payment information saved for automatic payments. These will run the 1st of each month (once in June and then for September - April) for _____ (Tuition)_____.

Card Type: _____

Credit Card Number: _____

Expiration Date: _____ Signature: _____