

**UADC Contract Agreement – 9-Month
September 1, 2021 - May 31, 2022**

You are required to pay tuition **in advance** of the care given. Tuition is due on or before the first of the month prior to services provided. We use Bill.com, for billing purposes - wait until you receive your first email invoice, and you can sign up for a Bill.com account via that email message. Check your spam for these emails. We prefer all payments are conducted in bill.com, however, will make exceptions in some cases - in these cases, you can make checks payable to: UADC or University Avenue Discovery Center. Please put your child's name in the memo of check payments to ensure that it is posted to the correct account.

Child's Name : _____ Child's Birthdate: _____

I/we, _____ and _____, agree to pay tuition as detailed below. All tuition for my child's care and education is due on or before the first of the month prior to services provided. Tuition is paid on a MONTHLY basis. A \$35 late fee will be applied to your account if tuition is not paid within the first 7 days of each month.

A non-refundable enrollment fee is due with your contract - this fee is \$200. For families who qualify for City of Madison funding, CCTAP, or Wisconsin Shares we will waive the enrollment fee. A waiting list is maintained in order of receipt of application, based on the priority we have in place. Families have the option of signing a 12-, 9-, or month-to-month contract at adjusted rates. A family is required to submit a 30 day notice if planning to withdraw from the program. Should a family choose to disenroll during a contract period, they will be responsible to pay tuition 30 days after notice is given. Two weeks notice is required for a schedule change, for instance moving from 2 day to 4 day contract. We understand that our families' plans may change and strive to balance your unique situations with our need to plan budgets, create schedules, and foster a stable community for our students, faculty, and staff - please approach the administration team if you have an unusual circumstance arise.

I/we _____ (initials) understand that payments do not change when UADC is closed for holidays, emergencies, COVID pandemic-related closure/illness, in-service or center improvement days. No credit will be given for days absent due to illness, COVID related quarantine or illness, vacations, or emergencies, or when UADC/MMSD is closed for inclement weather. In addition, payments must be kept up-to-date in order for my child to attend. Failure to keep my account current will result in termination of my child's/children's enrollment at UADC and/or legal action or collections to recover unpaid tuition.

Weekly Schedule*	UADC Monthly Rates –9 Month Contract PLEASE CIRCLE SCHEDULE						
FULL DAYS Starting September 1 st , 2021							
5 days	\$1,541.33	M	T	W	R	F	7:15 am – 5:30 pm
4 days	\$1,285.90	M	T	W	R	F	7:15 am – 5:30 pm
3 days	\$1,148.21	M	T	W	R	F	7:15 am – 5:30 pm
2 days	\$1,000.02	M	T	W	R	F	7:15 am – 5:30 pm

PLEASE CIRCLE CHOSEN SCHEDULE Add a day rates: \$80.00 for a full day, \$50.00 for half day
*We will make acceptions for families needing AM/PM scheduling on a case-by case basis

For 4K students only: Enrollment in 4K only with UADC is fully dependent upon your child's qualification and subsequent timely enrollment in the public 4K program through the Madison Metropolitan School District. **Failure to qualify for 4K through MMSD, or failure to enroll in the MMSD 4K program by their deadline will result in your full responsibility for the stipend provided to UADC by the school district, approximately \$3000 per year.** You can enroll here:

<https://enrollment.madison.k12.wi.us/registration-enrollment> - MMSD site will specify the proof of ID needed - which can be sent to manager@uadc.org - once ID is reviewed, it will be promptly deleted from our database.

I agree to make tuition payments based on a 9-month contract commitment on or before the first of each month.

I also agree to pay the \$200 annual enrollment fee.

I/We have read the above and by my/our signature below, understand and agree to the above terms and rates for my/our child's enrollment at University Avenue Discovery Center.

Caregiver 1: Signed _____ Printed _____ Date _____

Co-Caregiver 2: Signed _____ Printed _____ Date _____

If you have any specific questions or concerns or if you need clarification, feel free to contact us at any time.

Sincerely,
University Avenue Discovery Center