

A Ministry of Parkwood Baptist Church

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Policies and Payment Agreement 2024-25

Student's Name:	
By initialing the following statements, you confirm that you have read and agree to ea	ch:
Fees and Tuition	
Late Pick-up Policy	
Class dismissal is at 2:00 pm for the school day. A late pick-up fee of \$25 will be assessed if you designated care provider do not pick up your child on time. An additional charge of \$25 will be added fo 15 minutes you are late. Please be mindful of the staff's time and their family's needs.	•
WEE Center's Withdrawal Policy	
The first tuition payment is due on July 1, 2024. It will be applied to your last month's tuition cases May 2024. A 30-day written notice is required for withdrawing a student once the school year has If a child attends the WEE Center after February 28, 2025, payment is required for all tuition through Ma Withdrawals made in the best interest of the child will be reviewed by the Director and may be approve special circumstances.	begun. ay 2025.
WEE Center's Payment Policy	Tuition
Tuition payments are due the first day of class each month. Payment may be made in person by check, cash, or through <i>Tuition Express</i> . Tuition Express participants will be charged on the first of the month. Payments received after the 10 th will result in a \$25 late fee. All returned checks or account insufficient funds are subject to a \$25 fee.	Express

Registration	Paid	Annually
Returning Family	\$125 \$100	1 st Child 2 nd Child
New Family	\$150 \$125	1 st Child 2 nd Child

Days/ week	Tuition 9 payments	Supply/Activity 1 payment
2 Days	\$315	\$175
3 Days	\$400	\$190
4 Days	\$465	\$205
2day & 2day	\$520	
	(Under 3 in September)	
5 Days	\$530	\$215
3day & 2day	\$615	
	(under 3 in September)	

General Policies

Privacy				
I agree to respect the privacy of oth Center students, taken during WEE Center he photos taken by WEE Center Staff are for use	ours and events, to any social med	dia outlets. I am aware that all		
	ealth and Wellness			
Illness				
I agree to keep my child home from vomiting or diarrhea.	school within 24 hours of displayi	ng symptoms including: fever,		
I will inform the WEE Center within 24 hours communicable disease such as strep throat, or Parent Handbook.	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
I understand that my child needs to	be current with childhood immun	izations to attend the WE Center.		
Emergency Medical Treatment				
I authorize the Parkwood WEE Center emergency treatment to my child in the ever medical attention should the need arise. It is specific diagnosis or treatment and is given to Efforts shall be made to contact the under withheld if the undersigned cannot be reached.	nt of any accident, injury or illness s understood that this authorization o provide authority and power to rsigned prior to rendering treatm	and give permission for additional and given in advance of any render care.		
In consideration of my child's partici	•			
allowable by law, Parkwood WEE Center, its to my child so long as such injury is not the re		illful actions/omissions of releases		