Young Naturalist Preschool Program
2022-2023 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 2022-2023 school year (September 2022-June 2023).

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 (Days) (Time) at the HHNM Outdoor Discovery Center’s Learning Center Classroom. Tuition for the 2022-2023 school year is (Tuition).

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

**Tuition Terms and Conditions**

1. _____ 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).

2. _____ The tuition for the 2022-2023 school year is as follows:

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<th>YN CLASS</th>
<th>REGISTRATION FEE</th>
<th>1st TUTION INSTALLMENT</th>
<th>TOTAL DUE AT REGISTRATION</th>
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<tr>
<td>$65</td>
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   a) _____ Remaining tuition payments can be made in full or in nine monthly installments. Remaining tuition balance paid in full by June 1, 2022, will be discounted 5% by cash/check or 1.5% by credit card.

   Please select your preference:

   - [ ] I will pay our tuition balance in full by June 1, 2022
   - [ ] Tuition balance paid in full by cash or check: (Tuition)
   - [ ] 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.

   b) 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 fee will be charged for returned bank checks.

      - a. 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.

      - b. 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.
3. ______ Included in my tuition is a HHNM Family Plus membership. This membership will be valid from September 1st 2022 through August 31st 2023.
   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.

4. [ ] Please check here if you would like to contribute to the Tuition Fund. **100%** of donations made to this fund will be distributed to families who indicate they need financial assistance to attend the Young Naturalist Preschool. If you are interested in making a contribution, we will reach out to you soon with further details.

**Class Terms and Conditions**

1. ______ Children in the ____ (Class Name)____ class must be ____ (Age)____ of age by **12/1/2022**.

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, including concerns related to the Covid-19 pandemic, 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 is **non-refundable** under any circumstances.
   c. ______ In the event the school is forced to close due to either an active case of Covid-19 or a shutdown order by local/state government, a partial refund **may** be issued depending on the length of the shutdown and number of days missed that are not supplemented by virtual learning.

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 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 Cornwall Central School District (CCSD) vacation schedule. In the case of closings due to inclement weather, the YN Program will follow the CCSD 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.
   - Following any CDC & Department of Health recommended practices regarding Covid-19.

This contract has been reviewed by Young Naturalist Program Director Kerrilee Hunter.

Program Director 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: __________________________________________