



The Creative Campus Preschool Registration Form 2026-2027

Start Date: _____

Office Use:	
<input type="checkbox"/>	Preschool: M T W T H F: FD /SD
<input type="checkbox"/>	Pre-K: M T W T H F: FD / SD
<input type="checkbox"/>	Before School
<input type="checkbox"/>	After School
<input type="checkbox"/>	CAN Coupons AM/ PM
<input type="checkbox"/>	CCCS
<input type="checkbox"/>	Sibling Discount
Cash Check CC or ACH	
<input type="checkbox"/>	Allergy _____

Child's Name: _____

School District : _____ Age: _____

Birthdate: ___/___/___ Female Male

Mother/ Guardian: Last Name: _____ **First Name:** _____

Email: _____

Cell Phone: _____

Check box if you wish to receive emergency text messages.
Please provide your carrier _____.

Address: _____

Home Phone: _____

Town/Zip: _____

Work Phone: _____

Business Name: _____

Primary Pick-Up Payer Only

Title/ Position: _____

Primary Guardian

Father/ Guardian: Last Name: _____ **First Name:** _____

Email: _____

Cell Phone: _____

Check box if you wish to receive emergency text messages.
Please provide your carrier _____.

Address: _____

Home Phone: _____

Town/Zip: _____

Work Phone: _____

Business Name: _____

Primary Pick-Up Payer Only

Title/ Position: _____

Primary Guardian

Any special instructions, such as custody or restraining orders must be attached to this application and discussed personally with the camp director. All information will be kept confidential.

Emergency Contact: _____
(Last Name) (First Name)

Doctor's Name: _____
(Last Name) (First Name)

Relationship: _____

Doctor's Address: _____

Cell Phone: _____

Phone Number: _____

Name and Phone Number (s) of person (s) other than parents authorized to pick up your child:
(within 30 minutes of the school)

1. _____ Phone Number: _____ Relationship: _____
(Last Name) (First Name)

2. _____ Phone Number: _____ Relationship: _____
(Last Name) (First Name)

3. _____ Phone Number: _____ Relationship: _____
(Last Name) (First Name)

4. _____ Phone Number: _____ Relationship: _____
(Last Name) (First Name)

How did you hear about us: _____ Referred by: _____

Tuition for The Creative Campus

Monthly Prices for Preschool- Approx: 2.5-3.5 <small>*Based on Enrollment</small>			
Schedule	3 Days	4 Days	5 Days
School Day (8:30 AM- 3:30 PM)	\$900	\$1,000	\$1,100
Sibling Discount	\$850	\$925	\$1,000
Full Day (7:00 AM- 6:00 PM)	\$1,100	\$1,200	\$1,300
Sibling Discount	\$1,075	\$1,125	\$1,175

Monthly Prices for Pre-K- Approx: 3.5 to 5 <small>*Based on Enrollment</small>		
Schedule	4 Days	5 Days
School Day (8:30 AM- 3:30 PM)	\$1,000	\$1,100
Sibling Discount	\$925	\$1,000
Full Day (7:00 AM- 6:00 PM)	\$1,200	\$1,300
Sibling Discount	\$1,125	\$1,175

All Programs at The Creative Campus Before and After School Pricing

Monthly Prices for Before and After School				
Schedule	2 Days	3 Days	4 Days	5 Days
Before School 7:00 AM- 8:30 AM	\$150	\$160	\$170	\$180
Sibling Discount	\$140	\$150	\$160	\$165
After School 3:30 PM-6:00 PM	\$240	\$250	\$260	\$270
Sibling Discount	\$225	\$230	\$240	\$250

To Secure a spot, a completed Registration Packet, \$50.00 Registration Fee (Per Child), Material Fee (Per Child) of \$175.00 and The First Month's Tuition are required.
Payment (Please make checks payable to "The Jointure")

CCCS Families-signed Contract is MANDATORY before starting with a \$50.00 Registration Fee per child with Material fee of \$175.00 per child: CASH and MONEY ORDERS ONLY

Child's Name: _____ Date of Birth: ____/____/____

Please check the program and days to register for the following:

		3 Days	4 Days	5 Days
Preschool Only	<input type="checkbox"/> School Day Preschool 8:30 AM-3:30 PM	<input type="checkbox"/> M, T & W	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> M, T, W, TH, F
	<input type="checkbox"/> Full Day Preschool 7:00 AM- 6:00 PM	<input type="checkbox"/> T, W & TH <input type="checkbox"/> W, TH & F	<input type="checkbox"/> TH <input type="checkbox"/> F	
Pre-K Only	<input type="checkbox"/> School Day Pre-K 8:30 AM-3:30 PM		<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W	<input type="checkbox"/> M, T, W, TH, F
	<input type="checkbox"/> Full Day Pre-K 7:00 AM- 6:00 PM		<input type="checkbox"/> TH <input type="checkbox"/> F	

		2 Days	3 Days	4 Days	5 Days
Before and After School Program	<input type="checkbox"/> Before School 7:00 AM-8:30 AM	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M, T, W, TH, F
	<input type="checkbox"/> After School 3:30 PM-6:30 PM	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	

I have read and fully understand the refund policy of The Jointure Creative Campus Programs and agree to abide by this policy.

Parent / Guardian Print _____

Parent/ Guardian Signature _____

Date _____

Before and After School

C.A.N. Coupons

C.A.N. Coupons (Care as Needed Program)

AM C.A.N. Coupons
\$90.00 for 5 Coupons Per Sheet

PM C.A.N. Coupons
\$145.00 for 5 Coupons Per Sheet

For families who require occasional before or after school care, "C.A.N." (Care As Needed) Coupons can be purchased in advance from The Jointure. In order to take advantage of this program, a full registration packet must be completed with a \$50.00 registration fee. C.A.N. Coupons are not transferable. Coupons will expire (2) years from the date of purchase and may only be used by a family member.

A registration packet must be completed each year prior to using any C.A.N. coupons. Once registered, you can purchase coupons for Before School and After School by stopping at our office, calling with a credit card, or mailing a check with your request to

The Jointure
500 US HWY 22
Bridgewater NJ, 08807

C.A.N. Coupons and Before or After School Coupons must be paid by the sheet. Please plan in advance to make sure you have a coupon on the day you need to use our C.A.N. service. Our staff has been instructed not to accept any payments at the site. You must notify The Jointure office at 908-722-1563 and your child's teacher and school's office when your child will be attending.

If you have any questions, please contact The Jointure office at 908-722-1563.

AUTHORIZATION

To the best of my knowledge, the history provided below is correct and complete. I know of no reason to restrict applicant's activity and give permission for participation in all activities except as noted herein. In the event that I cannot be reached in an **EMERGENCY**, I hereby give permission to the physician selected by The Jointure to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child.

Signature of Parent/Guardian

Date

Insurance Company

ID#

Group #

DISEASE OR PAST/PRESENT HISTORY

YES	NO	DETAILS	YEAR
_____	_____	Serious Illness_____	_____
_____	_____	Serious Injury_____	_____
_____	_____	Surgery_____	_____
_____	_____	Ears_____	_____
_____	_____	Eyes_____	_____
_____	_____	Nose/Sinus_____	_____
_____	_____	Teeth_____	_____
_____	_____	Throat/Tonsils_____	_____
_____	_____	Chest/Lungs_____	_____
_____	_____	Heart_____	_____
_____	_____	Stomach/Bowels_____	_____
_____	_____	Appendicitis_____	_____
_____	_____	Kidney/Bladder_____	_____
_____	_____	Menstrual Problems_____	_____
_____	_____	Hernia Rupture_____	_____
_____	_____	Back/Limbs/Joints_____	_____
_____	_____	Behavioral Conditions/IEP_____	_____
_____	_____	Allergies (Specify)_____	_____
_____	_____	Other (Specify)_____	_____

****Please list any SPECIAL NEEDS/ALLERGIES/MEDICATIONS****

My child is in good health and can participate in The Jointure/ Creative Campus Programs.

Signature of Parent/Guardian

Date

SPECIAL INSTRUCTIONS: _____

****If your child requires lifesaving medication (Epi-pen, Benadryl, etc.) please complete attached Medical Permission Form. A doctor's signature and Action Plan are also required to begin the program.****



10:122-7.5 Administration and control of prescription and non-prescription medicines and health care procedures may be used to record administration of medication to children.

INDIVIDUAL PERMISSON FOR MEDICATION OF HEALTH CARE PROCEDURE

ONLY IF CHILD REQUIRES LIFE-SAVING MEDICATION DURING PROGRAM HOURS

Name of Child: _____

Child's condition for administering medication: _____

Name of medication/procedure _____

_____ Prescription _____ Non-Prescription _____ Doctor's approval required

Amount to be administered _____

Time(s) to be administered _____

Dates to be administered From _____ To _____

Refrigeration necessary _____ Yes _____ No

Special Instructions _____

Possible adverse reactions: _____

I authorize the administration of medication to my child.

Parent's Signature

Date

All prescription medication must have physician authorization!

I authorize the following prescription medication to be administered as instructed above for this patient.

Physician Signature: _____ **Date:** _____

Physician Name: _____ **Phone:** _____

In consideration of the above named child being allowed to participate in the Jointure's program, I , the parent or legal guardian of the above mentioned child, hereby waive and forever release the Jointure, it's trustees, employees, agents, staff, volunteers, successors, partners, and assigns, from any and all liability, claims, demands, or causes of action, arising out of or in any way related to the handling of medically related situations for my child while participating in any Jointure program, specifically inclusive of claims based upon the negligent administration of the above medication.

I fully assume all risk and waive all liability in connection with my child's medical needs while participating in any Jointure Program, without limitation, to the fullest extent permitted by law. I will indemnify, save and hold harmless each of the above releases from any litigation expense, attorney fees, loss or liability, damage against the Jointure and/or the school district.

Signature of Parent/Guardian: _____

Date: _____

Print Name: _____

WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

IN CONSIDERATION of being permitted to utilize the facilities, services and programs of The Jointure for any purpose, including, but not limited to observation or use of facilities or equipment, or participation in any program affiliated with the Jointure, the undersigned, for himself or herself and any personal representatives, heirs, and next of kin, hereby acknowledges, agrees and represents that he or she has, or immediately upon entering or participating inspect and carefully consider such premises and facilities or the affiliated program. It is further warranted that such entry into the Jointure for observation or use of any facilities or equipment or participation in any program constitutes an acknowledgement that such premises and all facilities and equipment thereon and such affiliated program have been inspected and carefully considered and that the undersigned finds and accepts same as being safe and reasonably suited for the purpose of such observation, use or participation.

IN FURTHER CONSIDERATION OF BEING PERMITTED TO ENTER THE JOINTURE FOR ANY PURPOSE INCLUDING, BUT NOT LIMITED TO OBSERVATION OR USE OF FACILITIES OR EQUIPMENT, OR PARTICIPATION IN ANY PROGRAM AFFILIATED WITH THE JOINTURE,

THE UNDERSIGNED HEREBY AGREES TO THE FOLLOWING:

1. THE UNDERSIGNED HEREBY RELEASES, WAIVES, DISCHARGES AND CONVENANTS NOT TO SUE the Jointure, its directors, officers, employees, and agents (hereinafter referred to as "releases") from all liability to the undersigned, his personal representatives, assigns, heirs, and next of kin for any loss or damages, and any claim or demands therefore on account of injury to the person or property or resulting in death of the undersigned, whether caused by the negligence of the releases or otherwise while the undersigned is in, upon, or about the premises or any facilities or equipment therein or participating in any program affiliated with the Jointure.
2. THE UNDERSIGNED HEREBY AGREES TO INDEMNIFY AND SAVE AND HOLD HARMLESS the releases and each of them from any loss, liability, damage or cost they may incur due to the presence of the undersigned in, upon or about the Jointure premises or in any way observing or using any facilities or equipment of the Jointure or participating in any program affiliated with the Jointure whether caused by the negligence of the releases or otherwise.
3. THE UNDERSIGNED HEREBY ASSUMES FULL RESPONSIBILITY FOR AND RISK OF BODILY INJURY, DEATH OR PROPERTY DAMAGE due to negligence of release or otherwise while in about or upon the premises of the Jointure and/or while using the premises or any facilities or equipment thereon or participating in any program affiliated with the Jointure.

THE UNDERSIGNED further expressly agrees that the foregoing RELEASE, WAIVER AND INDEMNITY AGREEMENT is intended to be as broad and inclusive as is permitted by the law of the State of New Jersey and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding continue in full legal force and effect.

THE UNDERSIGNED HAS READ AND VOLUNTARILY SIGNS THE RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT, and further agrees that no oral representations, statements or inducement apart from the foregoing written agreement have been made.

Name of Child:

Name of School:

Parent/Guardian Signature:

Date:

TERMS AND CONDITIONS TO PARTICIPIATE IN JOINTURE’S PROGRAMS

Please initial that you understand and agree:

1. _____ The Jointure requires my child to meet certain standards of behavior and that if my child fails to behave or demonstrates repeated unsatisfactory conduct, The Jointure has the right to suspend my child, or to dismiss my child from the program. A meeting with the parent/guardian will be conducted prior to such dismissal.
2. _____ The Creative Campus Program operates Monday to Friday from 7:00 a.m. to 6:00 p.m.
3. _____ Due to the high priority of safety for all the children, it is imperative that you notify The Jointure office when your child will be absent from the program. Please note that after five absences without notification, your child will be terminated from the program for the remainder of the school year.
4. _____ If the need should arise to change my child’s schedule, I will give written notification to The Jointure office at least 48 hours in advance. I am aware there is a \$25.00 fee for every schedule change.
5. _____ It is my responsibility to inform The Jointure in writing or by calling The Jointure office if someone other than those listed is picking up my child and that anyone picking up my child must present photo identification and be at least 18 years old. I will notify The Jointure in writing if a phone number or address should change.
6. _____ My child is not permitted to bring toys, video games or electronic devices to the program and will follow all of the rules of the Creative Campus Program. All cell phones are to remain in the child’s backpack.
7. _____ Anyone picking up my child (including myself) will be asked to present photo identification before my child is released.
8. _____ A \$25 late fee per child will be imposed for every 15-minute interval or part thereof. (Ex. 6:00—6:15 = \$25, 6:15 – 6:30 = \$50, etc.) After 5 late pick-ups my child will be terminated from the program. I understand that this policy will be strictly enforced.
9. _____ When there is a Delayed Opening at The Creative Campus. I am aware there will be NO BEFORE CARE and The Creative Campus will open at 10:30 AM.
10. _____ **If my child requires life-saving medication (Epi-Pens, Benadryl, inhaler, etc.), I will provide the Action Plan provided by the child’s physician, the completed Medical Permission Form signed by child’s physician and parent/guardian and ALL medication prior to the child starting the program (2 Epi-Pens in the original box, Benadryl in the original box or inhaler in original box and labeled with child’s name).**

Name of Child

School/Site

Parent/Guardian Signature

Date

Terms and Conditions for CCCS Families ONLY

Please read the following Terms and Conditions carefully. By participating in our programs using CCCS Contract:

1. Contract Requirement

- All families must have a **signed contract from CCCS** before services can begin.
- A **non-refundable registration fee of \$50 per child** is required with the Jointure Registration Form and with a completed CCCS Contract.

2. State Contracts and Daily Rates

- Once CCCS has received your signed contract, they **will send the contract to both you and The Jointure**, detailing your assigned daily rate if any.
- Some state contracts may indicate **zero payment**, while others will list a **daily rate**.

3. Payment Responsibility

- CCCS will **cover a portion of the daily rate or in full**, as specified in the statement agreement.
- Families are **responsible for paying any remaining balance** not covered by CCCS.
- Payment must be made in accordance with the schedule specified in your agency contract.

4. Acknowledgment (Please Initial below)

By signing the CCCS contract and/or paying the registration fee, you acknowledge and agree that:

_____ You have received, read, and signed these Terms and Conditions.

_____ You understand your financial responsibilities, including any portion of payment not covered by CCCS.

_____ You agree to provide timely payment as outlined in your agency contract.

_____ I understand if I do not make the payments I will not be allowed to participate in the program until payment is made.

_____ I understand I must provide a credit card to have on file.

5. Contact Information

For any questions regarding contracts, rates, or payments, please contact Pete at:

- **908-722-1563 X105**
- **Pdiana@jointure.org**

Signature: _____ Printed Name: _____

Child's Name: _____

Program: _____ Date: _____

Parent Receipt of Information

- o Information to Parents Document
- o Policy on the Release of Children
- o Positive Guidance and Discipline Policy
- o Policy on Methods of Parental Notification
- o Policy on Communicable Disease Management
- o Expulsion Policy
- o Policy on the Use of Technology and Social Media
- o Medication Administration in Child Care Policy and Procedures
- o Parent Handbook
- o Terms and Conditions
- o Payments and Procedures

I have read a copy of the information/policies listed above in our online handbook.

Child's Name

School/Program

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Jointure Television and Computer Use Policy

The Jointure provides an activity-focused early learning environment for students of all ages. We believe children learn best through active participation, hands-on experiences, interactive conversation, and exploration. Utilizing technology in the classroom is a valuable resource and allows for various teaching methods when used appropriately. The Jointure follows recommendations established by the American Academy of Pediatrics, which has found that too much television viewing has been linked to poor performance in school, overweight children, and the establishment of poor dietary habits.

Children under the age of two will not have access to television viewing, which includes watching videos, or DVD's, playing video games, and using the computer.

Children age two and older who are in care four or more hours each day, television screen time is limited to 40 minutes per week and no more than 20 minutes at a time. Computer use is limited to 15 minute increments per child, except for school-age children who are completing homework, school work, or supervised enrichment activities.

Children age two and older who are in care less than four hours per day, television screen time is limited to 30 minutes per week. Computer use is limited to 15 minutes per child, except school-age children who are completing homework, school work, or supervised activities.

I have read and understand The Jointure's Television and Computer Policy .

Parent/Guardian Signature

Date



ASQ Assessment Policy

ASQ is a screening tool The Creative Campus Preschool Program utilizes to screen and assess the developmental performance of children in the areas of communication, gross motor skills, fine motor skills, problem solving, and personal-social skills. It is used to identify children that would benefit from an in-depth evaluation for developmental delays.

The ASQ Questionnaire will be conducted twice a year by both parent/guardian and your child's teacher. Questionnaire results will be discussed at conferences or more frequent if necessary. For more information about ASQ, please check out their website at <https://agesandstages.com/>

ECERS Rating

The Creative Campus participates in ECERS (Early Childhood Environmental Rating Scale) which is designed to assess **process quality** in an early childhood or school age care group. **Process quality** consists of the various interactions that go on in a classroom between staff and children, staff and parents and other adults, among the children themselves, and the interactions children have with the many materials and activities in the environment, as well as those features, such as space, schedule and materials that support these interactions. Process quality is assessed primarily through observation. Observations will be conducted annually.

If you have any questions regarding the ASQ Questionnaire, Assessment, Policy or the ECERS Policy, please contact your child's teacher.



Receipt of Information

I have received, reviewed and understand the ASQ Policy, ECERS Policy and Creative Campus Parent Handbook. I will return the completed ASQ questionnaire to my child's teacher by the first day of school.

Child's Name

Class Teacher

Parent/Guardian's Name

Parent/Guardian's Signature

Date



Social Media and Class Dojo Release Form

For the purpose of promoting The Jointure and The Creative Campus, I understand that pictures and videos may be taken of my child. These photographs and videos promote The Creative Campus programs on The Jointure's Facebook Page and Website. By completing the form below, you are granting permission for your child to participate in any photographs/video for Facebook and our website.

I **GIVE** permission for my child, _____ for
Photograph/video for The Jointure's Facebook Page and Website to promote The Creative Campus Programs.

I **DO NOT GIVE** permission for my child, _____ for
Photograph/video for The Jointure's Facebook Page and Website to promote The Creative Campus Programs.

Class Dojo

(Initial Below)

_____ I understand pictures and videos of my child will be on Class Dojo. Class Dojo is private and only for Jointure Families. Class Dojo is NOT PUBLIC and any pictures and videos on Class dojo will not be on any social media unless approved by parents.

PARENT OR GUARDIAN NAME

DATE

SIGNATURE OF PARENT OR GUARDIAN

Preschool Toilet Training Policy

Children enrolled in The Jointure preschool program must be 2.5 and fully potty trained before attending preschool. A child having accidents daily would not be considered toilet trained. Please note that wearing pull ups is NOT considered toilet trained.

Why do children have to be toilet trained before they begin preschool?

There are strict standards for changing and disposing wet and soiled diapers/pull ups and classrooms are not equipped.

When a teacher or Instructional Assistant is changing a child's soiled clothing, it is taking away from learning time for all students and it removes a staff member from the direct supervision of and interaction with the rest of the class.

We do understand that even toilet trained children will occasionally have accidents. By definition, "accidents" are unusual incidents and should happen infrequently. In these instances, the teachers will help children change their clothes, encouraging independence as much as possible.

- A toilet trained child can do the following:
- Communicate to the teachers that/he/she needs to go to the bathroom before they need to
- Alert himself/herself to stop what he/she is doing, to go and use the bathroom
- Pull down his/her clothes and get them back up without assistance
- Wipe him/herself after using the toilet (with minimal assistance for 3 year olds)
- Get on/off the toilet by him/herself
- Wash and dry hands
- Postpone going if they must wait for someone who is in the bathroom or if we are away from the classroom
- Wake up during nap time should they need to use the bathroom

We will certainly ask your child several times throughout the day and before nap time if they need to use the bathroom. A teacher will assist as needed, but children should be able to complete toileting activities independently. This is an issue which protects all concerned.

It is not uncommon for a child who is fully toilet trained to have a setback when he/she is in a new environment. Preschool staff are aware of this and will assist children when necessary. Please have your child dressed in clothing that he/she can easily manage independently. Please send a complete change of clothes appropriate for the season. These will be left at school in case of accidents and returned at the end of the school year. Parents will be notified if a child has a toileting accident.

All children are observed by their teachers the first several weeks of school to assess whether or not children are toilet trained. If a child does not appear to be trained, the Director will call a conference with the parents to discuss if a change in programs may be in the best interest of the child.



Date: _____

TO: **The Creative Campus**
500 US HWY 22
Bridgewater, NJ 08807

This letter will authorize The Jointure to charge my credit card or account as follows: Please choose the method which you intend to have withdrawals each month.

Credit Card Account Information doesn't stay on file

Debit Card (PLEASE PRINT)

Name of Card (Visa/MasterCard/ Discover / American Express): _____

Cardholder's Name: **Last Name:** _____ **First Name:** _____

Address of Cardholder: _____

Card Number: _____ Phone Number: _____

Exp. Date: _____ Security Code: _____

Please note a 3 % Credit Card Fee every transaction

Checking Account (please fill out form or attach a voided check) (PLEASE PRINT)

Account Holder's Name: **Last Name:** _____ **First Name:** _____

Bank Name: _____ Account Phone Number: _____

ABA Routing Number: _____

Checking Account Number: _____

Check *** Please make checks payable to "The Jointure"***

I, _____ understand that my account will be charged in the amount of \$_____ on the 15th for the following month's tuition(i.e. October's tuition is due September 15th). Starting from _____ to _____. I also understand (Month) (Month) that if my child's schedule changes the amount charged to my account will reflect the changed tuition.

The Creative Campus-Preschool

Name of Child:

Name of School/Site:

Signature:

Date:

Payment Policies & Procedures

Tuition is set annually and divided into 10 equal monthly payments for your convenience. A \$50 registration fee & Material Fee \$175.00 and your first month's payment is due at the time of enrollment to hold your child's place. **Subsequent payments are due one month in advance, on or before the 15th of each month (i.e. October's tuition is due by September 15th).** Invoices will be e-mailed the first of every month regardless of method of payment. If there are any changes to your e-mail throughout the year, please contact our Creative Campus office, 908-722-1563.

Withdrawals , Refunds and Cancellation Terms & Conditions

(Please initial that you understand and agree)

1. _____ All withdrawals must be completed and submitted with the Jointure's Withdrawal Form (If you wish to withdraw your child before the start of school in September, you may receive a refund dependent upon date of notification and circumstances).
2. _____ If you wish to withdraw, there is a non-refundable \$30.00 Withdrawal Fee. A fee will be added each time a child is withdrawn from the program.
3. _____ Refunds will not be approved for illness, emergency closings, delayed openings, half days, early dismissals or any closure due to unforeseen circumstances
4. _____ The \$50.00 per child registration fee is non-refundable. This fee must be paid each school year.
5. _____ A refund or credit will be determined upon receipt of the Withdrawal Form. Any outstanding charges including the Withdrawal Fee must be paid in order for your child to be withdrawn from the program.
6. _____ Your child may not enroll or re-enroll in any Jointure program if you have an outstanding balance (all payment issues, such as adjustments and refunds, must be resolved with the office before the end of the school year. There will be no requests honored for refunds or adjustments after the school year is over).
7. _____ It is the responsibility of the cardholder to notify The Jointure Administrative Office if there are changes to the account, and/ or card information.
8. _____ Credit or Debit Cards or Direct Deposits resulting in "Non-sufficient Funds" will be charged \$35.00 each time. Credit or Debit Cards consistently resulting in NSF will require all future payments to be made by cash or money order for the remainder of the year.
9. _____ All charges on a Credit Card or Debit Card will incur a **non-refundable 3% fee**, per charge.
10. _____ In order to cancel your monthly Automatic Credit or Debit Card or Direct Deposit Payments, written notification must be provided stating the date in which you choose to stop automatic payments. Once your account has been cancelled, you will receive a confirmation email.

By printing and signing below, I, _____, understand the policies and procedures regarding payments, withdrawals and refunds. I also understand the terms and conditions for utilizing Credit or Debit Card or Direct Deposit Automatic Payment and the cancellation and refund policies associated with it.

Signature: _____

Date: _____