



2025-2026 Curiosity Academy Tuition Contract

Child's Name: _____

Child's Date of Birth: _____

Curiosity Academy Program & Pricing

** Subject to change at the discretion of Curiosity Academy, Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc.*

Opening Date: **August 26, 2025**

Final Date: **June 5, 2026**

Closed Dates: **See School Calendar**

Our services to be provided as part of your child's enrollment during the hours of attendance below and the above tuition fee include childcare and age-appropriate school, developmental programs during the session dates above. Supervision and childcare services are provided during all hours of operation, 8:00am to 5:00pm.

Please select your child's full day academic program. (Age as of September 1st)

Preschool (Ages 2-4)

Kindergarten Prep (Age 4-5)

Kindergarten (Age 5-6)

Please indicate your child's anticipated hours of arrival and departure: _____: _____ AM to _____: _____ PM

PROGRAM	Preschool (Ages 2-4)	K-Prep & Kindergarten (Ages 4-6)
Deposit	First Month's Tuition	First Month's Tuition
Registration Fee	\$75 per student	\$75 per student
<input type="checkbox"/> 5 Days	\$1635 per month	\$1635 per month
<input type="checkbox"/> 3 Days	\$1135 per month	Not Available
<input type="checkbox"/> 2 Days	\$755 per month	Not Available

My child is eligible for the following discounts applicable for the above school term:

5% Sibling Discount (applied to lesser tuition(s) after highest student tuition in family is charged at regular rate)

5% Service Discount (Active Military, Retired, Military, Veteran, Fireman, Police, Teacher; ID required)

**Total Discounts may not exceed 5% per child. Discounts are not transferable. Please see the Parent Handbook for more details.*

Tuition Responsibilities

"Toddler Center" for Preschool Classes "Curiosity Shoppe" for Kindergarten Prep and Kindergarten Classes

Parent/Guardian (1), _____, is responsible for _____% of child's total tuition.

Parent/Guardian (2), _____, is responsible for _____% of child's total tuition.

**Existing Custody Order must be attached. Parent/Guardian listed in this section as responsible in this section must sign this contract.*

Person(s) Designated by Parent to Whom Child May Be Released

Authorized Person (1), _____

Authorized Person (3), _____

Authorized Person (2), _____

Authorized Person (4), _____

By signing this contract, the undersigned parent/guardian acknowledges 1) approval and confirmation of the child's schedule as agreed upon by parent and center, understand and agree that each parent/guardian signing the contract is responsible for payment of tuition for their child, and the primary parent/guardian is the main supervisor of the child's records and tuition, 2) has read, understands, and agree of all tuition, facility, program, annual calendar and center policies and services as expressed in the website, application, this contract, and the Academy Handbook, 3) agreeing to review and update the tuition contract and emergency record/parental consent information when changes occur or every six months at a minimum. All reimbursement will only be issued to the person who signed the tuition contract. If tuition responsibilities are shared in a custody order, both parents/guardians must sign this contract.

At time of Enrollment

▲ Signature of Parent/Guardian (1) ▲ Date ▲ Signature of Parent/Guardian (2) ▲ Date

Start of School Year (Renewal)

▲ Signature of Parent/Guardian (1) ▲ Date ▲ Signature of Parent/Guardian (2) ▲ Date

Mid-School Year (6 Month Renewal)

▲ Signature of Parent/Guardian (1) ▲ Date ▲ Signature of Parent/Guardian (2) ▲ Date

Office Use Only:

▲ Signature of Director/Administrator

▲ Date

First day of Attendance: _____

Date of Withdrawal: _____

Health Form: _____ Emer. Contact: _____ Sunscreen: _____ Medication (if applicable): _____

TERMS & CONDITIONS OF APPLICATION

Please **read and initial each statement below acknowledging that you have read, understand, and agree to the terms and conditions of enrollment.*

TUITION AND REGISTRATION AGREEMENT

- Annual, non-refundable registration fee of **\$75** per child per academic school year, first month's tuition per child (which is not refundable within 30 days of term commencement date), special fees, and additional fees will be applied to my account for my child's attendance as listed in the billing policy of the Parent Handbook. Each child's registration fee and tuition for the first month of attendance are required for enrollment processing.
- Tuition is due the first of the month. Any accounts overdue **30 days from the final date of current term and/or opening date of next consecutive registered term** will be marked as "pending", regardless of prior acceptance or confirmation, and all children in the family will go on wait list until our office receives payment of balance due in full. We cannot guarantee a space will remain open for a child should a child be placed on wait list.
- The parent/guardian of each child/ren is responsible for providing **written notification by email to office@campcuriosity.com 30 days in advance** of any enrollment changes or withdrawal of child or will be held financially responsible for all days and tuition in question. If a schedule change affects child's eligibility for discounts previously applied, those discounts will be rescinded.
- School tuition is an monthly amount billed for nine full months, September through May. Tuition amount accounts for 180 days. 185 days are scheduled on the school calendar, allowing 5 days for potential weather closures. Closed dates have been assigned in our calendar annually for, but not limited to, holidays and designated campus preparation time. Calendar is subject to change at the discretion of the administration.
- Camp Curiosity, Curiosity Shoppe, and Toddler Center will follow the Central Bucks School District for any weather/emergency related closings and/or delays unless our campus is able to accommodate attendance otherwise for which parents will be notified. We do not issue refunds, reductions, or credits in tuition (to include any deposits and registration fees) for reasons of weather/emergency related closings, delays, partial day closures, early dismissals, and/or late arrivals.
- Tuition will not be refunded, reduced, or credited for child absences, illness, vacation, holidays, weather, power outages, a parent's choice not to attend for any reason, and/or emergency circumstances affecting our campus, staff, or programs, community safety such as communicable illness, threat of violence, or environmental hazard, and mandated closure issued by government, state agency, or local authority mitigations. Should the entire school facility and campus be mandated to close by governing authorities for a period extending past 14 consecutive days (10 consecutive weekdays), tuition credit will be applied as of the 11th weekday of the closure until school reopens. Reimbursement will be specified by school administration.
- Fees for late departure will be applied as stated in the Handbook. A fee of \$15.00 per child will be charged for late pick up after 5:00pm. Late pick ups after 5:10pm will be charged an additional fee.
- All tuition account credit balances will be granted after the conclusion of the school year for which all children in family/household are enrolled. Withdraw credits will not be reimbursed until the conclusion of the school year the child was withdrawn from. Reimbursement checks will only be issued to the parent/guardian who signed this tuition contract. Credit balances will and may remain on accounts for future use unless and until a parent/guardian, who signed this tuition contract, requests reimbursement by check to be mailed to their home address.
- Financial records for tax purposes shall be provided upon request.
- If my account becomes overdue or unpaid, my child may be dismissed from enrollment with Camp Curiosity, Curiosity Shoppe & Toddler Center, and professional collection agency may be utilized for collection. If my account remains overdue or unpaid for **three (3) months** and is issued to the responsibility of a professional collection agency, I understand that I am responsible for any fees charged by the agency in addition to any unpaid tuition balance.
- Any outstanding or unpaid balance on accounts past due for 30 days or more is subject to a finance charge of 1.5% monthly, 18% annually, and all discounts rescinded.
- All electronic card payments will include a **3% processing fee** in addition to tuition that is the responsibility of the parent. Direct bank payment (ACH) does not have a fee (subject to change).

FORMS REQUIRED FOR ACCEPTANCE

- All of the following are required for enrollment: 1) School application and profile, 2) eSign Tuition Contract, Terms and Conditions of Enrollment, Civil Rights

Compliance, 3) ChildHealth Assessment (Doctor signature required), 4) Sunscreen form.

No child may begin their school academic year without a valid and signed health assessment on file. If required records are not submitted or renewed in accordance to policy, my child will become ineligible for attendance and may be dismissed from enrollment.

- Application must be renewed annually, and registration is only accepted for the new school year when payment is current for all previous attendance and all required paperwork and payment included.
- Parents are required to update all emergency record and tuition contract information when changes occur and/or every 6 months at minimum.
- **Medication Forms:** Medication forms for prescriptions and non-prescription medications are to be completed and signed by parent or guardian (and doctors for prescription medications) in order for office staff to administer medications.

SCHOOL HANDBOOK ACKNOWLEDGEMENT

- I certify that I have read, understand, and agree to comply with the provisions listed herein and as issued in the Academy Handbook for Camp Curiosity, Curiosity Shoppe, and Toddler Center. I acknowledge that these policies and provisions are subject to modification at the discretion of Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. I acknowledge that failure to act in accordance with the provisions listed herein, or with any other policy or procedure, will result in immediate termination of services.

CONDITIONS REQUIRED FOR ACCEPTANCE

- **Medical Permissions:** Curiosity Academy requires all children to have emergency medical care and be administered first aid and CPR by the staff in order to participate. Parent or guardian provides permission for child/ren to receive care.
- **Participation Permissions:** Curiosity Academy requires all children to take walks on campus. Parent or guardian provides permission for child to participate.
- **Photo/Video Permission:** Parent or guardian gives permission to have photographs/videos of child/ren used for internal school communications, family sharing, and social media/advertising purposes.

ASSUMPTION OF RISK

- I acknowledge that Curiosity Academy will do their best to provide the safest environment possible. Even with all precautions being taken, Curiosity Academy can not guarantee a risk-free environment. Please be aware of the risk your child/ren are assuming by participating in activities.
- **Farm Animal Release of Liability:**
- I knowingly and voluntarily assumes any and all risk, known or unknown, associated with my child/ren's participation in Camp Curiosity's farm animal program and facility, even if such injury or harm results from negligence of myself, the minor child/ren, Camp Curiosity, its owners, employees, or any other third party and/or entity.
- I agree to accept all responsibility for any and all losses and/or injuries sustained by the minor child/ren as a result of their involvement and participation in Camp Curiosity's program and presence at Camp Curiosity's facility.
- I release, indemnify, and hold harmless Camp Curiosity Inc., Curiosity Shoppe, Inc. and Toddler Center, Inc. (collectively "Camp Curiosity"), including but not limited to its officers, employees, volunteers, shareholders, members of the board of directors, affiliates, subsidiaries, related entities and organizations, partners, sponsors, advisers, and/or owners of the premises used for subject activities from any and all claims, demands, damages, causes of action, losses to other person or property, disability and/or death, resulting from or which may arise as a result of their (and/or the minor child's) involvement and participation in Camp Curiosity's program and presence at Camp Curiosity's facility, whether or not the injuries and damages result from the negligence of the undersigned, the minor child, and/or any other third party and/or entity.
- I further acknowledge that if they violate the terms of this Release, they shall be responsible for any and all costs incurred by Camp Curiosity and/or its affiliates, including but not limited to reasonable attorney's fees and costs of suit, to defend claims brought contrary to the terms stated herein,



CIVIL RIGHTS COMPLIANCE

Admissions, the provisions of services, and referrals of clients shall be made without regard to race, color, religious creed, disability, ancestry, national origin (including limited English proficiency), age, or sex. Program services shall be made accessible to eligible persons with disabilities through the most practical and economically feasible methods available. These methods include, but are not limited to, equipment redesign, the provision of aides, and the use of alternative service delivery locations. Structural modifications shall be considered only as a last resort among available methods. Any individual/client/patient/child (and/or guardian) who believes they have been discriminated against may file a complaint of discrimination with:

- **Camp Curiosity, Curiosity Shoppe & Toddler Center Inc., 4425 Landisville Road, Doylestown, PA 18902**
- Commonwealth of PA Department of Human Services Bureau of Equal Opportunity Rm 225 Health & Welfare Building, PO Box 2675 Harrisburg, PA 17105
- PA Human Relations Commission Philadelphia Regional Office, 110 N. 8th Street Suite 501 Philadelphia, PA 19107
- US Dept. of Health & Human Services Office for Civil Rights Suite 372 Public Ledger Building, 150 S. Independence Mall West, Philadelphia, PA 19106
- Commonwealth of PA DHS Bureau of Equal Opportunity Southeast Regional Office, 801 Market Street Suite 5034 Philadelphia, PA 19107

▲ Signature of Parent/Guardian (1)

▲ Date

▲ Signature of Parent/Guardian (2)

▲ Date

CHILD HEALTH REPORT

(55 PA CODE §§3270.131, 3280.131 AND 3290.131)

Parent/Provider fill in this part.

CHILD'S NAME: (LAST)	(FIRST)	PARENT/GUARDIAN:
DATE OF BIRTH:	HOME PHONE:	ADDRESS:
CHILD CARE FACILITY NAME:		
FACILITY PHONE:	COUNTY:	WORK PHONE:
<input type="checkbox"/> I authorize the child care staff and my child's health professional to communicate directly if needed to clarify information on this form about my child.		
PARENT'S SIGNATURE:		

DO NOT OMIT ANY INFORMATION
 This form may be updated by a health professional. Initial and date any new data. The child care facility needs a copy of the form.

HEALTH HISTORY AND MEDICAL INFORMATION PERTINENT TO ROUTINE CHILD CARE AND DIAGNOSIS/TREATMENT IN EMERGENCY (DESCRIBE, IF ANY):
 NONE

DESCRIBE ALL MEDICATION AND ANY SPECIAL DIET THE CHILD RECEIVES AND THE REASON FOR MEDICATION AND SPECIAL DIET. ALL MEDICATIONS A CHILD RECEIVES SHOULD BE DOCUMENTED IN THE EVENT THE CHILD REQUIRES EMERGENCY MEDICAL CARE. ATTACH ADDITIONAL SHEETS IF NECESSARY.
 NONE

CHILD'S ALLERGIES (DESCRIBE, IF ANY):
 NONE

LIST ANY HEALTH PROBLEMS OR SPECIAL NEEDS AND RECOMMENDED TREATMENT/SERVICES. ATTACH ADDITIONAL SHEETS IF NECESSARY TO DESCRIBE THE PLAN FOR CARE THAT SHOULD BE FOLLOWED FOR THE CHILD, INCLUDING INDICATION OF SPECIAL TRAINING REQUIRED FOR STAFF, EQUIPMENT AND PROVISION FOR EMERGENCIES.
 NONE

IN YOUR ASSESSMENT, IS THE CHILD ABLE TO PARTICIPATE IN CHILD CARE AND DOES THE CHILD APPEAR TO BE FREE FROM CONTAGIOUS OR COMMUNICABLE DISEASES?
 YES NO IF NO, PLEASE EXPLAIN YOUR ANSWER:

HAS THE CHILD RECEIVED ALL AGE APPROPRIATE SCREENINGS LISTED IN THE ROUTINE PREVENTIVE HEALTH CARE SERVICES CURRENTLY RECOMMENDED BY THE AMERICAN ACADEMY OF PEDIATRICS? (SEE SCHEDULE AT WWW.AAP.ORG) <input type="checkbox"/> YES <input type="checkbox"/> NO	NOTE BELOW IF THE RESULTS OF VISION, HEARING OR LEAD SCREENINGS WERE ABNORMAL. IF THE SCREENING WAS ABNORMAL, PROVIDE THE DATE THE SCREENING WAS COMPLETED AND INFORMATION ABOUT REFERRALS, IMPLICATIONS OR ACTIONS RECOMMENDED FOR THE CHILD CARE FACILITY. VISION (subjective until age 3) _____ HEARING (subjective until age 4) _____ LEAD _____
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RECORD DATES OF IMMUNIZATIONS BELOW OR ATTACH A PHOTOCOPY OF THE CHILD'S IMMUNIZATION RECORD

IMMUNIZATIONS	DATE	DATE	DATE	DATE	DATE	COMMENTS
HEP-B						
ROTAVIRUS						
DTAP/DTP/TD						
HIB						
PNEUMOCOCCAL						
POLIO						
INFLUENZA						
MMR						
VARICELLA						
HEP-A						
MENINGOCOCCAL						
OTHER						

MEDICAL CARE PROVIDER: ADDRESS: PHONE:	SIGNATURE OF PHYSICIAN, CRNP OR PHYSICIAN'S ASSISTANT TITLE: LICENSE NUMBER: _____ DATE FORM SIGNED: _____
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Parents may write immunization dates; health professional should verify and complete all data.

EMERGENCY CONTACT / PARENTAL CONSENT FORM

55 PA CODE CHAPTERS 3270.124 (a) (b), 3270.181 & 182; 3280.124 (a) (b), 3280.181 & .182; 3290.124 (a) (b), 3290.181 & .182

CHILD'S NAME			DATE OF BIRTH
ADDRESS			
PARENT'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER ()
ADDRESS			
BUSINESS NAME			BUSINESS TELEPHONE NUMBER
ADDRESS			
PARENT'S NAME/LEGAL GUARDIAN			HOME TELEPHONE NUMBER
ADDRESS			
BUSINESS NAME			BUSINESS TELEPHONE NUMBER
ADDRESS			
EMERGENCY CONTACT PERSON(S)		NAME	TELEPHONE NUMBER WHEN CHILD IS IN CARE
PERSON(S) TO WHOM CHILD MAY BE RELEASED		NAME	ADDRESS
NAME OF CHILD'S PHYSICIAN/MEDICAL CARE PROVIDER			TELEPHONE NUMBER
ADDRESS			
SPECIAL DISABILITIES (IF ANY)		ALLERGIES (INCLUDING MEDICATION REACTION)	
MEDICAL or DIETARY INFORMATION NECESSARY IN AN EMERGENCY SITUATION		MEDICATION, SPECIAL SITUATION	
ADDITIONAL INFORMATION ON SPECIAL NEEDS OF CHILD			
HEALTH INSURANCE COVERAGE FOR CHILD or MEDICAL ASSISTANCE BENEFITS			POLICY NUMBER (REQUIRED)
PARENT'S SIGNATURE IS REQUIRED FOR EACH ITEM BELOW TO INDICATE PARENTAL CONSENT			
OBTAINING EMERGENCY MEDICAL CARE		ADMIN. OF MINOR FIRST-AID PROCEDURES	
WALKS AND TRIPS		SWIMMING	
TRANSPORTATION BY THE FACILITY		WADING	

PERIODIC REVIEW

SIGNATURE OF PARENT or GUARDIAN

DATE

SIGNATURE OF PARENT or GUARDIAN

DATE

WHITE COPY (Original)

YELLOW COPY (Child Care Space)

PINK COPY (Excursion)

Sunscreen Form

Protocol for a child requiring sunscreen storage and application with our facility is as follows:

- For **Prescription Sunscreens**, the prescribing health care provider must complete and sign in section two below.
- Sunscreen is only accepted in **original labeled container and box** with all labels. We will not accept home-made or sunscreens in any container other than that provided by manufacturer.
- 2 new, unopened bottles of sunscreen must be provided for each child.
- Please only list one child per form.
- Sunscreen may **NOT** be in the possession of a child enrolled and must be provided for storage according to center policy.
- **Sunscreen Forms must be renewed annually at the start of each session.**

Child Name _____

This permission form is valid for: _____

Brand(s) your child will use (Required): _____

Expiration Date must be valid through the entire camp season: _____/_____/_____

Special Directions for use _____

TO BE COMPLETED BY PRESCRIBING HEALTH CARE PROVIDER FOR PRESCRIPTION SUNSCREEN

It is my understanding that the employees of a child care facility charged with the administration of this treatment/procedure during childcare hours rely on directions contained in this document. I further certify that I am the health care provider who prescribed the treatment, that the child named on this document is under my supervision as a patient, and that the medication and dosage information on this document is accurate for this child. **Child's medication use plan as issued by his/her physician, if one exists, has been attached to this form.**

PRESCRIBER NAME _____ PRESCRIBER SIGNATURE _____

OFFICE ADDRESS _____

CONTACT PHONE _____ DATE _____

PARENT DECLINE THE STORAGE AND USE OF SUNSCREEN FOR THEIR CHILD

As the parent/guardian of the above named child, I decline for my child to store and apply personal sunscreen while in the care of Camp Curiosity, Curiosity Shoppe, and Toddler Center and actively enrolled and present on the campus of Camp Curiosity, Curiosity Shoppe, and Toddler Center. I fully understand and agree that Camp Curiosity is not responsible for the application of sunscreen to my child, that my child may participate in all regular outdoor activities that are not shaded, and that I hold Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. and its personnel fully harmless and take full responsibility if my child acquires any sun reaction effects to his/her body due to unprotected sun exposure while in the care of Camp Curiosity, Curiosity Shoppe, and Toddler Center.

PARENT SIGNATURE OF DECLINE _____ DATE _____

PARENT ACCEPTANCE AND REQUEST FOR SUNSCREEN STORAGE AND ADMINISTRATION

As the parent/guardian of my named minor child, I grant my permission for Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. personnel to apply or help to apply the sunscreen described above to my child for the prevention of sun exposure, and hold fully harmless all Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. personnel should my child result in exposed skin areas, including back, chest, neck, stomach, limbs, face, as needed by the child.

I agree that my child has been administered the above listed sunscreen brand by a parent/guardian prior to the parent/guardian's request for administration by Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. and he/she did not have any bodily reaction as a result of its use.

I agree that the above sunscreen will be provided to the Camp Curiosity office with all required labels, packaging, and expiration date to be stored by Camp Curiosity on campus throughout the duration of my child's attendance and may not be kept in my child's possession.

I hereby request that the sunscreen described above be administered to my child and release and hold harmless Camp Curiosity, Curiosity Shoppe, and Toddler Center Inc. and its employees from liability for any damages my child may suffer as a result of this request.

PARENT NAME _____ PHONE _____

PARENT SIGNATURE _____ DATE _____