



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 1-4)

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 1-4)	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

- A non-refundable annual registration fee of \$75 per child is required for each academic school year. Additionally, the first month's tuition for each child is due at the time of enrollment and is non-refundable if withdrawal occurs within 30 days of the term commencement date. Special and additional fees, as outlined in the billing policy of the Parent Handbook, will be applied to the account accordingly. Enrollment processing requires full payment of the registration fee and the first month's tuition.
- Tuition is due on the first day of each month and is billed as a fixed monthly amount over a nine-month period, from September through May. The total tuition covers 180 instructional days. The school calendar includes 185 scheduled days, incorporating five additional days to accommodate potential weather-related closures. Designated closure dates for holidays and campus preparation are outlined in the annual school calendar. The administration reserves the right to modify the calendar as necessary.
- Any outstanding balance remaining unpaid for 30 days or more will be subject to a finance charge of 1.5% per month (18% annually). Additionally, any previously applied discounts will be rescinded.
- All electronic card payments will incur a 3% processing fee, which is the responsibility of the parent in addition to the tuition amount. Direct bank payments (ACH) are not subject to a processing fee; however, this policy is subject to change.
- Any account with a balance overdue by 30 days beyond the final date of the current term or the opening date of the next registered term will be designated as "pending," regardless of prior acceptance or confirmation. In such cases, all children in the family will be placed on the waitlist until the outstanding balance is paid in full. The school cannot guarantee that a space will remain available for a child once placed on the waitlist.
- The parent/guardian is required to provide written notification via email to office@campcuriosity.com at least 30 days in advance of any enrollment changes or withdrawal of their child(ren). Failure to provide timely notice will result in financial responsibility for all applicable tuition and fees. Additionally, if a schedule change impacts a child's eligibility for previously applied discounts, those discounts will be rescinded.
- Tuition will not be refunded, reduced, or credited for absences, illness, vacations, holidays, weather-related closures, power outages, a parent's choice not to attend for any reason, or emergency circumstances affecting the campus, staff, programs, or community safety (including communicable illness, threats of violence, environmental hazards, or mandated closures issued by government or local authorities). However, if the entire school facility and campus is mandated to close by governing authorities for a period exceeding 14 consecutive days (10 consecutive weekdays), a tuition credit will be applied starting on the 11th weekday of the closure, until the school reopens. Reimbursement details will be determined and communicated by school administration.
- Late departure fees will be applied as outlined in the Handbook. A fee of \$15.00 per child will be charged for pick-up after 5:00 p.m. An additional fee will apply for pick-ups occurring after 5:10 p.m.
- All tuition account credit balances will be issued after the conclusion of the school year in which all children in the family/household are enrolled. Credits for withdrawn children will not be reimbursed until the end of the school year during which the child was withdrawn. Reimbursement checks will only be issued to the parent/guardian who signed the tuition contract. Credit balances may remain on the account for future use unless the parent/guardian who signed the tuition contract requests a reimbursement check, which will be mailed to their home address.
- Financial records for tax purposes will be provided upon request.
- If my account becomes overdue or remains unpaid, my child may be dismissed from enrollment at Camp Curiosity, Curiosity Shoppe, and the Toddler Center. A professional collection agency may be engaged to recover the unpaid balance. If my account remains overdue for three (3) months and is referred to a collection agency, I understand that I will be responsible for any fees charged by the agency, in addition to the outstanding tuition balance.

- Camp Curiosity, Curiosity Shoppe, and the Toddler Center will consider the Central Bucks School District's weather and emergency-related closures and delays, unless our campus can accommodate attendance under different circumstances, in which case parents will be notified. We do not issue refunds, reductions, or credits to tuition (including any deposits and registration fees) for weather or emergency-related closures, delays, partial day closures, early dismissals, or late arrivals.

ENROLLMENT REQUIREMENTS AND POLICIES

- The following documents are required for enrollment:
 - School application and profile
 - Tuition Contract, Terms and Conditions of Enrollment, Civil Rights Compliance
 - Child Health Assessment (Doctor's signature required)
 - Sunscreen form

A child may not begin the school year without a valid and signed health assessment on file. If required records are not submitted or renewed in accordance with policy, the child will become ineligible for attendance and may be dismissed from enrollment.

- Applications must be renewed annually, and registration for the new school year will only be accepted when payment is current for all prior attendance, and all required paperwork and payments are submitted.
- Parents are required to update emergency contact information and the tuition contract when changes occur, or at a minimum, every six months.
- Medication forms for both prescription and non-prescription medications must be completed and signed by the parent or guardian (and by a doctor 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 outlined herein, as well as those set forth in the Academy Handbook for Camp Curiosity, Curiosity Shoppe, and the 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 further acknowledge that failure to adhere to the provisions outlined herein, or any other policy or procedure, may result in the immediate termination of services.

CONDITIONS REQUIRED FOR ACCEPTANCE

- Medical Permissions - Curiosity Academy requires all children to have emergency medical care and to be administered first aid and CPR by staff in the event of an emergency. The parent or guardian provides permission for their child(ren) to receive such care.
- ≠ Participation Permissions - Curiosity Academy requires all children to participate in walks on campus. The parent or guardian provides permission for their child to take part in these activities.
- ≠ Photo/Video Permission - The parent or guardian grants permission for photographs and videos of their child(ren) to be used for internal school communications, family sharing, and social media or advertising purposes.

ASSUMPTION OF RISK

- I acknowledge that Curiosity Academy will take all reasonable precautions to provide the safest environment possible. However, I understand that even with these measures in place, Curiosity Academy cannot guarantee a completely risk-free environment. I am aware of the risks my child(ren) may assume by participating in activities at Curiosity Academy.



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. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">VISION (subjective until age 3)</td> <td></td> </tr> <tr> <td>HEARING (subjective until age 4)</td> <td></td> </tr> <tr> <td>LEAD</td> <td></td> </tr> </table>	VISION (subjective until age 3)		HEARING (subjective until age 4)		LEAD	
VISION (subjective until age 3)							
HEARING (subjective until age 4)							
LEAD							

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/ID						
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
		TELEPHONE NUMBER WHEN CHILD IS IN CARE
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)
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)

CY 867 10/22

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 _____