



# Stepping Stones Learning Academy

402 West Main Street

P.O. Box 643

Fruitland, MD 21826

[steppingstonesccm1@gmail.com](mailto:steppingstonesccm1@gmail.com)

## 2022 – 2023 School Contract

**Hours of Operation:** Monday – Friday 6:30 am to 5:30 pm

**School hours only:** (Elementary 8:30 – 3:30) (Upper Grades 7:45 – 3:30)

Holidays and unofficial school days are posted on the school calendar.

### Payment:

- Tuition payments **must** be made by **ACH debit or credit card** (on file) with the exception of those who make semester payments by check. See attached form to set up ACH debit. Day of payment withdraw will be set up at time of ACH enrollment. Credit Cards will be charged on Friday of the week of service.
- Checks will be accepted for monthly lunches, field trips, etc.
- **Returned checks** or **ACH charge-backs** will be assessed a \$20.00 fee. **Late** or **deferred payment** fee of \$10 will be applied to account if tuition is not paid by the due date.

### Tuition:

- **School Days and School Hours only:** \$145.00 per week (ACH/CC\$143.00)  
**8:30 a.m. - 3:30 p.m. (School Days Only – No Non-Official Days)**  
**7:45 a.m. – 3:30 p.m. - Upper Grades**  
**(Elementary Students: Arrival no earlier than 8:15 and pick up no later than 4:00.)**  
**\*\*\*\*Students that are enrolled as School Hours Only will be charged for after care if they are not picked up by 4:00)**
- **School plus extended care:** \$174.00 per week (ACH/CC \$172.00)  
**No additional activity (gym) fee for 2022 – 2023 school year.**
- **ACH Payment Benefits:**  
Parents on the the **ACH semester debit plan** will receive **1.5 free weeks' tuition** built into their payment plan. Those on the **ACH monthly, ACH weekly or bi-weekly plan** or **Credit Card on File** will receive **1 free week's tuition** built into their payment plan.
- **Multiple Children Discount:**  
2 children – 5%    3 children – 10%

### Additional fees:

- **Pre K – Twelfth Grade:** \$215.00 Registration/Supply Fee
  - **4<sup>th</sup> - 12<sup>th</sup> Grades:** \$40.00 Technology/Maintenance Fee
- Payable by:** August 12, 2022

**Late Pick up Fees:**

- A charge of \$1.00 per minute may be assessed for children who are picked up after 5:30 pm.
- Accounts more than 2 weeks in arrears will be subject to termination of services.

**Delinquent Accounts:** Parents are expected to leave in good financial standing when our services are no longer required. In cases where accounts have an outstanding balance the following may occur:

_____	No academic or child care records will be released or transferred.
Please initial	
_____	Late fees will continue to accrue for up to 1 year at the rate of
Please initial	10% of balance per week.
_____	Accounts may be turned over to a collection agency.
Please initial	
_____	All expenses incurred to collect past due balances will be added
Please initial	to the outstanding balance including but not limited to
	attorney fees, court fees, and collection fees.

To avoid such actions from occurring, payment arrangements may be made at the office.

**Please complete and return this contract along with your registration/supply fee by August 12, 2022.**

My child (children) \_\_\_\_\_,  
will be attending Stepping Stones Learning Academy for the 2022 – 2023 school year.

I have decided to accept the following tuition payment schedule:

\_\_\_\_\_ School with Extended Care:  
\_\_\_\_\_ Semester pay plan  
\_\_\_\_\_ Monthly pay plan  
\_\_\_\_\_ Weekly pay plan \_\_\_\_\_ Bi-Weekly pay plan

\_\_\_\_\_ School Hours only: (Elementary 8:30 – 3:30) (Upper Grades 7:45 – 3:30)  
\_\_\_\_\_ Semester pay plan  
\_\_\_\_\_ Monthly pay plan  
\_\_\_\_\_ Weekly pay plan \_\_\_\_\_ Bi-Weekly pay plan

My signature indicates that I received a copy of this contract information and agree to the terms.

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Date** \_\_\_\_\_

\*\*\*\*When possible **both** parents or guardians are required to sign.



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**Fruitland, Maryland 21826**  
 Office 410-341-7668 Fax: 410-341-7669  
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### 2022 - 2023 Payment Schedule

**\*\*ACH Automatic Debit Plan or**

**Accounts paid Weekly or Monthly by Credit Card (On File)**

\$2.00 weekly discount included in price

	School Hours Only	School with Extended Care
<b>Semester</b> <b>(2) equal pay'ts</b>  Paid by Sept. 6 <sup>th</sup> and Jan 2 <sup>nd</sup>  Based on 40 weeks  (1 ½ free weeks built into payment)	<b>\$2752.75</b>  <b>Check or credit card accepted</b>	<b>\$3311.00</b>  <b>Check or credit card accepted</b>
<b>Monthly</b>  Paid by 1 <sup>st</sup> of each Month  Based on 40 weeks  (1 free week built into payment)	<b>(9) equal payments</b>  <b>Sept – May</b> <b>\$619.66</b>  <b>(10) equal payments</b>  <b>Sept – June</b> <b>\$557.70</b>	<b>(9) equal payments</b>  <b>Sept – May</b> <b>\$745.33</b>  <b>10) equal payments</b>  <b>Sept – June</b> <b>\$670.80</b>
<b>Weekly</b>  Based on 40 weeks  All weekly <b>ACH plans</b> and <b>credit cards on file</b> only  (1 free week built into payment)  Bi-Weekly (20) payments are double weekly rate.	<b>\$143.00</b>  ACH payment day set up on form  Charged on Friday of the week of service	<b>\$172.00</b>  ACH payment day set up on form  Charged on Friday of the week of service

**\*\*\*Sibling discount will be applied as needed.**

## AUTHORIZATION FOR DIRECT DEBIT

Check one:

\_\_\_\_\_ Enrollment

\_\_\_\_\_ Cancellation

\_\_\_\_\_ Change

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Expected Start Date: \_\_\_\_\_

Weekly\_\_\_\_\_ Bi-Weekly\_\_\_\_\_ Monthly \_\_\_\_\_

Bank Information:

Bank Name: \_\_\_\_\_

Bank's Routing/Transit No.: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking, New Account, Share Draft

\_\_\_\_\_ Savings Account

Amount: \_\_\_\_\_

I hereby authorize Stepping Stones Learning Academy (hereinafter called the "Company") to debit the above-reference account for the amount owed to the Company for goods or services provided. This authorization is to remain in force until the Company has received written notification of termination in such time and in such manner as to afford the Company and/or Bank(s) a reasonable opportunity to act on it.

In the event that the Company notifies the Bank(s) that funds transferred were not entitled to the Company, I hereby authorize and direct the Bank(s) to return said funds to the above referenced account.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

(Printed)

**AUTHORIZATION FOR WEEKLY CREDIT CARD PAYMENT  
(CREDIT CARDS ON FILE)**

Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Expected Start Date: \_\_\_\_\_

**Bank Information:**

Name on Card : \_\_\_\_\_

Type of Card : \_\_\_\_\_

Credit Card No.: \_\_\_\_\_

Expiration Date : \_\_\_\_\_

CVV/CVC - 3 digit security code NA

Amount: \_\_\_\_\_ charged weekly

I hereby authorize Stepping Stones Learning Academy to charge the above-reference credit card for the amount owed for goods or services provided. This authorization is to remain in force until the school has received written notification of termination of this charge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_  
(Printed)