

Client Services Agreement

Welcome to The Tomorrow Center! We're so glad that you've decided to join us and entrust us with your child's development. The Tomorrow Center is different. We offer a variety of therapeutic options through the Center and in partnership with The Tomorrow School of Art and Technology Ltd., a 501(c)3 education center for children and adolescence with autism. This document identifies the information needed to establish your family as part of the Tomorrow Center network and serves as our collaborative agreement to support and progress your child's development.

This document encompasses important information regarding The Tomorrow Center's therapeutic practice, policies, and professional services. Please read this document thoroughly and request clarification, if needed. Your signature on this document certifies your agreement with The Tomorrow Center policies and practices described herein. Additionally, your signature certifies that as the Client/Parent, you give The Tomorrow Center permission to provide your child with Applied Behavior Analysis (ABA) Therapy, Occupational Therapy, Speech Therapy, and/or alternative therapies as needed and agreed, in accordance with an agreed upon Individualized Therapy Plan.

* * * * *

Assessments and Services

The Tomorrow Center Inc provides a variety of services to our clients. Your child's services are based on the findings included in your child's psychological evaluation and the assessments conducted by our certified therapists. Our team conducts assessments and implements individualized programs, including but not limited to:

- **Functional Behavioral Assessment and an ABA Treatment Plan.** ABA services are provided by a Board-Certified Behavior Analyst (BCBA) or a Registered Behavior Technician (RBT). The BCBA develops and implements an individualized treatment plan based on your child's current needs. RBTs work one-on-one or in social group settings to implement behavioral strategies in the treatment plan to meet individualized goals. BCBAs supervise RBTs. Supervision is conducted throughout the week at the Center facility and on an established schedule for in-home ABA services. BCBA parent training options are available based on your insurance policy and your child's needs.
- **Comprehensive Speech Assessment.** This assessment is conducted by a State Certified Speech-Language Pathologist (Speech Therapist) to diagnose communication and swallowing challenges and determine the communication and/or feeding support needed. The Speech Therapist develops an individualized therapy plan for your child and provides speech and feeding therapeutic services accordingly. The Speech Therapist collaborates with the BCBA to foster an integrated treatment approach for your child.

- **Comprehensive Occupational Therapy Assessment.** Occupational therapy services are provided by Occupational Therapists and Occupational Therapy Assistants licensed by the State Board of Occupational Therapy. The Occupational Therapist (OT) uses a variety of assessments to evaluate your child's ability to perform daily activities, focusing on physical, cognitive, sensory, and emotional abilities. These assessments help determine strengths, limitations, and areas needing support or intervention. The OT develops a comprehensive individualized OT therapy plan and provides OT services directly or via direct supervision of OT Assistants. The OT collaborates with the BCBA and SLP to optimize your child's progress.

In addition to direct ABA services, your child's treatment plans may include parent and/or educator training depending on your child's specific needs for collaborative programming. As the parent, you are fully involved in collaborative programming with your child's therapy team.

Additionally, with your approval, our therapists will work with your child's physician and mental health practitioners to determine if alternative support is also needed for comprehensive progress. As the parent, you have the right to accept or decline alternative programming. However, we highly recommend a comprehensive, integrated approach for enhanced outcomes. Some examples of alternative therapies include water therapy (playing or swimming), grounding, and nature therapy (walking/hiking). Please note that if your child will be attending The Tomorrow School of Art and Technology Ltd, with whom we contract, your child will participate in some of these activities throughout the day.

You will have access to your child's Treatment Plan(s) via our Client Portal once your signed Agreement is received.

Ethical Standards and Compliance

The Tomorrow Center and our staff abide by the Behavior Analyst Certification Board (BACB) Guidelines for Responsible Conduct. We adhere strictly to HIPPA Standards regarding patient confidentiality. Your child's information will only be shared with authorized staff on a need-to-know basis and to promote an integrated therapeutic approach. Signed release forms will be required for the collaboration with and release of information to any practitioners and educators outside of The Tomorrow Center team. Those forms are included in this Agreement. We will only collaborate with and release information to practitioners for whom you have signed a release form.

Right to Modify Program and/or Therapist Assignment

Chemistry between child and therapist is essential for the best and fastest progress. At The Tomorrow Center, we assign therapists to clients based on a host of criteria including experience, specialty, and client age. However, we understand that as the parent, you know your child best. If we, or you, find that your child is not making the progress expected, we or you will have the right to request a meeting with the Clinic Director to modify your child's program and your therapist assignments. To request a modification, please email Michelle@thetomorrowcenter.com.

NOTE: Your typed name in the signature boxes throughout this document signifies your agreement. Please complete the form, type your signature, and return. Thank you.

Client and Family InformationClient Name: _____ DOB: _____ ☐M ☐F

Address: _____

City: _____ GA Zip: _____

Parent Name(s): _____

Parent Address(s) if different from above: _____

City: _____ GA Zip: _____

Insurance Information

Please attach a copy of all insurance cards (front and back) to this Agreement. Please also provide a copy of the insured's driver's license or ID as applicable.

Primary Insurance

Company: _____

Policy Holder Name: _____ Policy Holder DOB: _____

Relationship to Client: ☐Self ☐Parent/Guardian

Policy #: _____ Group #: _____

Secondary Insurance

Company: _____

Policy Holder Name: _____ Policy Holder DOB: _____

Relationship to Client: ☐Self ☐Parent/Guardian

Policy #: _____ Group #: _____

I hereby assign The Tomorrow Center all medical/behavioral benefits payable by me for services rendered. I understand that I am financially responsible for all the charges whether or not paid by insurance. I hereby authorize The Tomorrow Center to release all information necessary to secure the payment of benefits. I authorize the use of this signature on all my insurance submissions.

Parent/Guardian Name_____
Parent/Guardian Signature_____
Date

Client Name: _____ Date of Birth: _____

The Tomorrow Center is in network with the following payers:

- Blue Cross Blue Shield
- Aetna
- Georgia Medicaid, including Katie Beckett

While we are out of network with Cigna, United Healthcare/Optum, Kaiser Permanente, and other insurers, we are happy to file claims for services allowed by these insurers.

ASSIGNMENT OF BENEFITS

I authorize The Tomorrow Center Inc. to release to third party payers information including diagnosis, treatment plan, evaluation reports/summaries, progress notes, discharge summaries, and any other required information for any treatment rendered to my child during the periods of such care.

I also authorize third party payers to directly pay insurance benefits to The Tomorrow Center Inc.

I understand that I will be required to pay for services not covered by or that exceed services paid by my insurance company, including deductibles, copays, and coinsurance. I understand that I will receive a monthly statement and commit to pay the balance within 30 days of the statement date.

AUTHORIZATION TO RENDER THERAPY SERVICES

I authorize The Tomorrow Center Inc. to evaluate/re-evaluate, develop treatment plans, and provide therapy services to my child. I authorize The Tomorrow Center Inc. to communicate with my child's medical and mental health providers as well as any additional therapists treating my child to develop a comprehensive therapeutic plan and obtain medical approval for participation in any activities requiring such approval.

CANCELLATION POLICIES

We develop an individualized therapy program specifically for your child. Consistent participation is the best way to maximize results. **The Tomorrow Center Inc understands that children get sick and will work with your family to make schedule accommodations in such instances.**

I commit to notify The Tomorrow Center as soon as possible when my child is ill and unable to attend therapy. I understand that after three cancellations or missed appointments without proper notice in a two-month period, I will be required to meet in person with the Clinical Director and Center Administrator to re-establish my family's commitment to participating in therapy services or agree to discharge my child from therapy services. I understand that if I need to change or cancel my child's appointment, I should contact The Tomorrow Center Inc.'s main office directly at 943.262.4036.

CHILD ILLNESS POLICY

We ask that any child displaying signs of illness, including but not limited to, fever, vomiting, diarrhea, or lethargy refrain from attending therapy until the symptoms subside and the child is fever-free for 24 hours in order to help the child recover and protect other children from contagion.

I understand and commit to abide by The Tomorrow Center Inc.'s Child Illness Policy.

NOTICE OF EXTENDED ABSENCE POLICY

The Tomorrow Center understands that family vacations and the need for long-term absence may occur. With the exception of unexpected illness, I commit to notify The Tomorrow Center 30 days prior to any absence longer than three (3) days.

COMMUNICATION POLICIES

I understand that to cancel or reschedule appointments, I should contact The Tomorrow Center Inc.'s main office phone at 943.262.4036 or send an email to Stephanie@thetomorrowcenter.com and Michelle@thetomorrowcenter.com.

I understand that I must provide a cell phone number for SMS text reminders and schedule changes sent by The Tomorrow Center Inc.

Cell Number _____

I understand that I must provide two emergency contacts for emergencies.

Emergency Contact Name: _____

Relationship to Client: _____ Cell Phone: _____

Emergency Contact Name: _____

Relationship to Client: _____ Cell Phone: _____

POLICY CHANGES

Periodically, The Tomorrow Center may add new policies. I understand that I will be required to review and sign new policies as they are released.

Parent/Guardian Full Name

Parent/Guardian Signature

Date

Client Name: _____ Date of Birth: _____

Financial Policy

This financial policy sets the mutual agreement of The Tomorrow Center and Client Parent(s)/Guardian(s) regarding payment. Prior to receiving services, The Tomorrow Center will work with you to ensure that the funding source you are planning to use will pay for services. It is the parents' responsibility to monitor the funding source they are using and to immediately notify The Tomorrow Center of any changes to insurance and other responsible party payment methods.

When discussing payment for services with insurance companies it is important that the insurance company clearly understands the type of services The Tomorrow Center provides. The Tomorrow Center provides Intensive Applied Behavioral Therapy (ABA therapy in a center-based program delivered by Certified and insured ABA practitioners under the direction of a licensed, insured Board Certified Behavior Analyst (BCBA). Speech and Occupational Therapy are delivered by health practitioners licensed and insured to perform speech and occupational therapy respectively. All therapists are professionally insured, trained, and certified/licensed to practice in the State of Georgia.

It is essential that The Tomorrow Center is involved in the prior authorization process. To do this, it is necessary for you to provide our Center Administrator with the required information to bill your insurance company. A copy of your insurance cards will be requested as well as the name and birthdate of the insured for primary, secondary, and tertiary insurance companies. In some circumstances, insurance companies require members to pay deductibles, copayments, and coinsurance for services rendered. We will make you aware of your coverage limits and requirement payments during the prior authorization process; however, please we ask that you please familiarize yourself with these numbers to help with billing questions.

In some cases, a funding source may pay for only a portion of the charges. Unless specifically contracted; co-pays, co- insurance, discounted charges and deductibles are the responsibility of the insured. The Tomorrow Center uses a billing partner, who will prepare and mail to you a statement with outstanding charges due on a monthly basis. Payment is due within two weeks of statement date. Companies often discount rates to a "usual and customary" price. If The Tomorrow Center is out of network with your insurance company(s), please note that we will not accept discounted rates.

If the insurance company does not pay submitted claims within 45 days of the date of service, we will ask that you contact your insurance company to help facilitate the processing. We will provide the information you need to obtain payment timelines from your insurer. Despite everyone's best efforts, at times a dispute may occur over payment from an insurance company. It is our policy to assist you in obtaining payment from an insurance company. However, if the

account becomes delinquent as describe herein, The Tomorrow Center will request payment from you as a private individual and reimburse you when and if the insurance company decides to pay for the services in dispute.

Private Pay

The Tomorrow Center will enter into a Private Pay Agreement with families who do not have insurance coverage or choose not to use it. The Tomorrow Center sends invoices on a bi-weekly basis as arranged prior to the start of services. Payment is due within two weeks of the date of the invoice. The Tomorrow Center is committed to the progress of your child. We will make every effort to work with you to develop an amendable payment agreement that allows your child to participate therapies at The Tomorrow Center.

Payment Methods

The Tomorrow Center accepts Zelle, online payments through our website (which uses Stripe), ACH and Credit/Debit Cards (Visa and MasterCard) payments. Returned checks will incur an additional fee of \$25.00 that will be added to your bill. Our Center Administrator will contact you to discuss payment expectations, and complete and authorize the necessary paperwork for any payments for which you will be responsible.

Payment Plans are available to clients who are unable to pay on time. Please contact our Center Administrator to arrange a payment plan.

Delinquent Accounts

An account is considered past due when payment is not received 30 days from the statement date. If other written arrangements have been agreed to, the arrangements need to follow the written agreement. Unpaid accounts beyond 90 days are considered delinquent and may disrupt service to your child. Unpaid accounts beyond 120 days will be referred for collection. Legal costs incurred in collecting delinquent accounts will be the responsibility of the person responsible for the account.

We understand that temporary financial problems may affect timely payment of your balance. We encourage you to contact us so we can assist you in the management of your account. We are committed to the progress of your child and will work with you to develop a plan for continuing services.

Inability to Pay

The Tomorrow Center reserves the right to discharge your child from therapy or suspend therapy if we have mutually agreed that there is no opportunity for your account to be paid. If services are temporarily stopped; your child will be placed on the waiting list and may re-start services once the account is paid in full and a payment plan for future services is established.

I acknowledge that I have reviewed and agree to The Tomorrow Center's Financial Policy. My signature indicates that I am the person responsible for paying for The Tomorrow Center services for my child and agree to pay for services as indicated in this agreement.

Parent/Guardian/Responsible Party Signature

Date

Printed Name

Client Name: _____ Date of Birth: _____

Medications and Emergency Action Plan for Seizures & Allergies

By law, our staff are not allowed to dispense medication for a child. However, under Georgia law students can dispense parent-approved medications to themselves. We do have over the counter (OTC) medications on premise for pain, such as ibuprofen and acetaminophen, as well as tooth ache drops and similar OTC pain medications.

My child ☐ is allowed to dispense his/her own prescription and OTC medication.

My child ☐ is not allowed to dispense his/her own prescription and OTC medication.

Prescription Medications _____

OTC Medications Allowed _____

Actions for Allergies and Seizures

My child has the following allergies: _____

Actions necessary if my child is exposed to an allergen: _____

My child has a history of seizures: ☐ yes ☐ no

Emergency Plan: 911 will be called If

- Seizure lasts longer than three (3) minutes
- Your child is having difficulty breathing or stops breathing for more than 30 seconds
- Vomits or vomit is aspirated
- A significant injury occurs during the seizure or has multiple seizures consecutively
- Status epilepticus occurs (continuous seizure)

The Tomorrow Center's seizure policy includes the following steps, which will be taken by your child's therapist and clinic leadership staff:

- **Remain calm and remove other clients from the area. Call parent(s) so they can be "present" during the seizure. Call 911 if the seizure lasts more than three (3) minutes or immediately at the direction of parent/guardian.**
- **Protect the child from injury:** Guide them gently to the floor, clear the area of hazards like sharp objects, and place something soft under their head.

- **Turn them on their side:** This helps prevent choking if they vomit or have saliva in their mouth.
- **Refrain from restraining or putting anything in or near the child's mouth or airway.**
- **Remain with the child** until the seizure ends and they are fully awake and alert.
- **After the seizure,** offer comfort and explain what happened, as they may not remember.

I authorize to The Tomorrow Center to take whatever emergency measures are necessary (e.g. first aid, first responder engagement, disaster evacuation, etc.) for the care and protection of my child while at The Tomorrow Center.

I give permission for my child to be transported to the appropriate medical facility by Tomorrow Center Staff or the local emergency unit for treatment.

I understand that in some medical situations, the staff will need to contact local emergency resources before/while simultaneously notifying me, my child's physician and/or the adults I have listed as emergency contacts to act on my behalf.

Parent/Guardian Name

Signature

Date

Drop Off and Pick Up Policy

I understand that the Center opens at 8:30am and closes at 5:30pm. I commit to drop my child off no earlier than 8:20am and pick up no later than 5:45pm.

The following people are allowed to pick up my child. I understand that any person picking up my child must present a valid driver's license which will be matched to the names provided below and retained for future pick-up verification.

Individuals allowed pick up my child include:

Name: _____

Address (for verification against DL): _____

Name: _____

Address (for verification against DL): _____

Name: _____

Address (for verification against DL): _____

Name: _____

Address (for verification against DL): _____

Name: _____

Address (for verification against DL): _____

Name: _____

Address (for verification against DL): _____

Parent/Guardian Name

Parent/Guardian Signature

Date

Picture and Video Release Form

I understand that The Tomorrow Center uses photographs and/or videos of children receiving services in our center-based program for the purpose of instruction, analysis, training, reporting, and selected marketing pieces for program awareness. The Tomorrow Center may also develop and distribute a documentary film that includes videos of client progress over a long-term period.

I have indicated below that photographs/digital images, video clips, and/or quoted remarks of my child that may be used:

- ☐ Yes ☐ No Staff/ Client Photo Board
- ☐ Yes ☐ No Pictures used internally for individual programming (such as PECS books, Visual Schedules, Social Stories, etc)
- ☐ Yes ☐ No Video used to document programming
- ☐ Yes ☐ No Scrapbooks
- ☐ Yes ☐ No Printed publications or materials (such as magazines, newspapers, brochures and flyers)
- ☐ Yes ☐ No Electronic images (such as social media sites like Facebook, Instagram, etc; online advertisements; television, etc)
- ☐ Yes ☐ No Websites (Tomorrow Center and affiliated websites)

My child's first name and identity as a person with Autism ☐ may ☐ may not be revealed in video commentary along with the image(s).

I agree that the media ☐ may ☐ may not contact me or my child's other guardians regarding his/her involvement with The Tomorrow Center.

I authorize the use of these materials (as indicated above) indefinitely without compensation to me. All negatives, positives, prints, digital reproductions, video or audio recordings, and social media posts shall be the property of The Tomorrow Center.

Please state any exceptions to the authorization provided in this Release Form: _____

Parent/Guardian Name

Parent/Guardian Signature

Date

Release of Liability for _____
Child's Name

I agree to allow my child, _____, to participate in activities, including school, therapy and other activities at the facility occupied by The Tomorrow Center Inc and The Tomorrow School of Art and Technology Ltd (herein referred to as "Tomorrow Center"), and field trips and community outings led by Tomorrow Center staff. I understand that my child will be accompanied by a therapist during all activities and agree to the following:

1. Agreement To Follow Directions. I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by the Tomorrow Center, or the employees, representatives, or agents of Tomorrow Center.

2. Assumption of the Risks and Release. I recognize that there are certain inherent risks associated with the above-described activities and field trip transportation and I release and discharge Tomorrow Center for injury, loss, or damage arising out of my child's participation or presence upon the facilities of Tomorrow Center, whether caused by the fault of my child, myself, or Tomorrow Center staff.

3. Indemnification. I agree to indemnify and hold harmless the Tomorrow Center against all claims, causes of action, damages, judgments, costs, or expenses, including attorney fees and other litigation costs, which may in any way arise from my child's transportation to and/or participation in Tomorrow Center activities.

4. Fees. I agree to pay for all damages to the facilities of the Tomorrow Center caused by any negligent, reckless, or willful actions by my child.

5. Consent. I, _____, consent to the participation of my child, _____, in Tomorrow Center activities, and agree on behalf of my child to all of the terms and conditions of this agreement. By signing this Release of Liability, I represent that I have legal authority over and custody of _____.

6. Medical Authorization. In the event of an injury to the above minor during the above-described activities, I give my permission to Tomorrow Center or to the employees, representatives, or agents of Tomorrow Center to arrange for all necessary medical treatment for which I shall be financially responsible. This temporary authority will begin on August 04, 2025 and will remain in effect until terminated in writing by the undersigned or May 22, 2026, whichever occurs first. The Tomorrow Center shall have the following powers:

- a. The power to seek appropriate medical treatment or attention on behalf of my child as may be required by the circumstances, including without limitation, that of a licensed medical physician and/or a hospital;
- b. The power to authorize medical treatment or medical procedures in an emergency situation; and
- c. The power to make appropriate decisions regarding clothing, bodily nourishment and shelter.

7. Applicable Law. Any legal or equitable claim that may arise from participation in the above shall be resolved under Georgia law.

8. No Duress. I agree and acknowledge that I am under no pressure or duress to sign this agreement and that I have been given a reasonable opportunity to review it before signing. I further agree and acknowledge that I am free to have my own legal counsel review this agreement if I so desire.

9. Arm's Length Agreement. This agreement and each of its terms are the product of an arm's length negotiation between the Parties. In the event any ambiguity is found to exist in the interpretation of this agreement or any of its provisions, the Parties, and each of them, explicitly reject the application of any legal or equitable rule of interpretation which would lead to a construction either "for" or "against" a particular party based upon their status as the drafter of a specific term, language, or provision giving rise to such ambiguity.

10. Enforceability. The invalidity or unenforceability of any provision of this agreement, whether standing alone or as applied to a particular occurrence or circumstance, shall not affect the validity or enforceability of any other provision of this agreement or of any other applications of such provision, as the case may be. Such invalid or unenforceable provision shall be deemed not to be a part of this agreement.

11. Dispute Resolution. The parties will attempt to resolve any dispute arising out of or relating to this agreement through friendly negotiations among the parties. If the matter is not resolved by negotiation, the parties will resolve the dispute using the below Alternative Dispute Resolution (ADR) procedure:

Any controversies or disputes arising out of or relating to this agreement will be submitted to mediation in accordance with any statutory rules of mediation. If mediation does not successfully resolve the dispute, then the parties may proceed to seek an alternative form of resolution in accordance with any other rights and remedies afforded to them by law.

12. Emergency Contact. In case of an emergency, please call _____

(Relationship: _____) at _____.

I HAVE READ THIS DOCUMENT AND UNDERSTAND IT. I FURTHER UNDERSTAND THAT BY SIGNING THIS RELEASE, I VOLUNTARILY SURRENDER CERTAIN LEGAL RIGHTS.

Signature: _____ **Date:** _____

Parent Printed Name: _____

Permission to Participate in Field Trips and Community Activities

My child is hereby authorized to participate in the activities marked below:

- ☐ Field Trips
- ☐ Community Life Skills Activities (grocery stores, retail stores, etc.)
- ☐ Outdoor physical fitness and play activities (walking, hiking, swimming, biking, playing basketball, etc.)

I understand that all policies outlined in The Tomorrow Center's Liability Waiver (included herein for signature) applies to all activities related to field trips and community engagement.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name

Days/Hours of Operation

The Tomorrow Center is open from **8:30am – 5:30pm EST, Monday through Friday** with exceptions for additional hours for family nights out, SibShop (for siblings), and other events. These events are pay as you go and open to all Tomorrow Center clients.

Our Summer hours (June and July) are 9am – 3pm EST, Monday through Friday.

Holidays and Other Closures

We encourage our staff to take time away from the center to relax and recharge so they can provide their very best motivation and support for your child. Well-centered staff makes for a positive and happy environment that maximizes patient outcomes. Likewise, we encourage our families to take advantage of our holiday and recharge breaks to vacation, staycation, or just relax together.

The Tomorrow Center will be closed the following days during the 2025-2026 School Year and Summer 2026:

September 2025 – July 2026	
Labor Day	September 1, 2025
Thanksgiving Break	November 26 – 28, 2025
Christmas Break	December 23, 2025 – January 1, 2026
Mini-Spring Break	April 9 – 10, 2026
Memorial Day Break	May 25 – 29, 2026
Independence Day	July 3 and July 6, 2026

Vacation Support

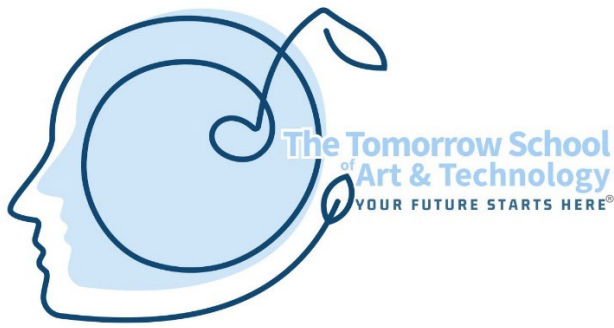
We understand how challenging it can be at times to travel with a child who thrives on consistency and schedule. We offer our Center families a Vacation Support Program (VSP). VSP is open to all clients of The Tomorrow Center. VSP provides an RBT to travel with your family to support your child on vacation. For more information about the VSP, please contact our Center Administrator.

I have reviewed and acknowledge the dates on which The Tomorrow Center will be closed.

Parent/Guardian Signature

Date

Parent/Guardian Printed Name



Tuition Contract 2025 – 2026

Family Information			
Parent/Guardian (1):			
Address:			
City:	State:	Zip:	Phone:
Email:			
Parent/Guardian (2):			
<input type="checkbox"/> Check if same address and skip to Student Information.			
Address:			
City:	State:	Zip:	Phone:
Email:			

Student(s) Information				
Student's Name	DOB	Favorite Subjects	Challenges	Special Requests

2025 – 2026 Tuition & Fees

Tuition

Attendance Type	Schedule	Tuition
Full Day Program (August – May)	Monday – Friday 8:30am – 5:30pm	\$1125 per Month
Summer Program (June – July 6 weeks only)	Monday – Friday 9:00am – 3:00pm	\$ 225 per Week

Monthly Supply & Field Trip Fees (in addition to Tuition)

Supplies & Field Trips	Monthly Cost
Bogan Park Aquatic Center (Weekly Swim)	\$ 65
Weekly Field Trip (Zoo, Aquarium, etc.)	\$125
Academic Supplies	\$ 25
Total	\$215

One-Time Fees

One-Time Admissions Fees	
Admission Fee (due before August 1 st)*	\$225
School Uniform (3 T-Shirts / 1 Field Trip T-Shirt)	\$ 90
Total	\$315

*\$125 for re-enrollment

Tuition Scholarship

Scholarship	Amount
Needs Based (SB10)	\$0
Finance Based (TSAT Funded)	\$0
Total	\$0

Due at Time of Enrollment

Due With Contract	Amount
Enrollment (1 st month tuition + 1 st month fees)	\$1340
One-Time Fees	\$315
Total	\$1655

Choose Your Tuition Plan

- ☐ Full Tuition Payment (due by May 1st) **10% Discount (Total Due:**
- ☐ Monthly Payment (due by 20th day of the month for following month)

Note: December Tuition is prorated for three (3) weeks due to the school Holiday schedule (closed for 8 to 10 business days). The Tuition for December is \$890.

Tuition is due on the 25th day of the month for the following month. We offer several ways to pay tuition including EFT, credit card (requires 3% fee), bill pay through your bank to ours, or check. Please choose your preferred method. Our School Administrator will contact you with details about your preferred payment method.

☐ EFT ☐ Credit Card ☐ Bill Pay (Bank) ☐ Check

The Tomorrow School uses fully accredited programs, like [Acellus](#), and subsequent support programs like Reading Eggs and Outschool, to teach children in their own way in a group setting. In addition to our experienced, and highly qualified staff, student tuition covers the costs of these programs as well as tools like [Moxie AI Robot](#), [Forbrain®](#), field trips and other community activities necessary to give children a well-rounded educational and developmental experience.

The Tomorrow School is an integrated program using accredited and recognized academic programs, life skills training, physical activity, art, technology, peer motivated social engagement, and therapeutic support. Your input and collaboration are vital to your child's educational progress.

Quarterly Reports

Our academic technology programs capture grading data which is used to modify programming in real time to best support your child's learning. We will provide you with quarterly academic progress reports for your child and review the reports with you. We will work in collaboration to modify any programming necessary to maximize academic and life skills learning for your child.

Testing

While we conduct analyses of skill acquisition through observation, verbal assessment, and if tolerated, multiple choice questions through our education technology, Acellus, we do not currently conduct standardized academic testing.

Lunch and Snacks

Please send a healthy lunch and two snacks with your child daily. We have a refrigerator and microwave for use by students.

Aprons and Extra Clothes

Your child will participate in art class and art activities throughout the week. We provide aprons to protect clothing but encourage you to send your child in clothes that can get dirty and messy. Please also send an extra set of clothes with your child at the beginning of the year, just in case, because accidents and spills happen.

Additionally, please send a pair of socks, a swimsuit and a towel with your child at the beginning of the year. Our planned activities include bowling and indoor swimming once to twice per week throughout the school year.

2025 -2026 Academic Schedule

2025 - 2026 Schedule	
First Day of School	August 4, 2025
Last Day of School	May 22, 2025
2025 - 2026 School Holidays (Closed)	
Labor Day	September 1, 2025
Thanksgiving Break	November 26 – 28, 2025
Christmas Break	December 23, 2025 – January 1, 2026
President's Day	February 17, 2026
Mini-Spring Break	April 9 – 10, 2026

Statement of Commitment

I have read and understand The Tomorrow School Tuition and educational requirements, including tuition and fee requirements, and elect to enroll my child in The Tomorrow School. I understand that The Tomorrow School is an at-will program, and that by signing this agreement, I am not obligated to keep my child in the school for the entire school year. I understand that I can unenroll my child at any time without financial penalty if I or The Tomorrow Center staff believe the school is not the ideal setting for my child. I commit to pay tuition and associated monthly fees for each month my child attends The Tomorrow School.

Parent/Guardian Signature

Date

Parent/Guardian Name