



KING'S WAY

LEARNING CENTER

Rec'd by: _____	Date Rec'd: _____	Bill Reg
Fee: _____		
\$ _____	check # _____	cash receipt

FINANCIAL CONTRACT – 2018-19

 Primary Payee Address

 Home Phone Cell Phone Email

- | | |
|--|--|
| <input type="checkbox"/> Registration & School Year Fees – Toddler-PreK: \$255 | <input type="checkbox"/> Additional School Age Child (Toddler-PreK Sibling): \$115 |
| <input type="checkbox"/> Registration & School Year Fees – Additional Child: \$185 | <input type="checkbox"/> Additional School Age Child (School Age Sibling): \$105 |
| <input type="checkbox"/> Registration & School Year Fees – School Age: \$175 | <input type="checkbox"/> School Breaks ONLY Registration – School Age: \$60 |

FINANCIAL AGREEMENT: I agree to pay the appropriate tuition rate for each said child. I have indicated the payment plan below by marking the appropriate box (es) and listing my child's/children's hours needed below. ****Rates Subject to Change*****

Preschool-3yrs by August 31st (potty trained) / Pre-K- 4yrs by August 31st / Pre-K Plus- 5yrs by August 31st

Part-Time Preschool/Pre-K	Monthly Tuition (Sept – June)
2 days AM Preschool (T/TH) 8:30 am-11:00am	\$205 <input type="checkbox"/>
3 days AM Pre-K (M, W, F) 8:30 am-11:00am	\$285 <input type="checkbox"/>

Preschool- 3yrs by August 31st (potty trained) /Pre-K- 4yrs by August 31st/Pre-K Plus- 5 yrs by August 31st

Full-Time Toddler/Preschool/Pre-K Monthly Program	2 Day	3 Day	4 Day	5 Day
Full-Time Toddler (12m-36 months)	\$580 <input type="checkbox"/>	\$870 <input type="checkbox"/>	\$1025 <input type="checkbox"/>	\$1220 <input type="checkbox"/>
Full-Time Preschool, Pre-K & Pre-K+ (3yrs-5yrs)	\$500 <input type="checkbox"/>	\$710 <input type="checkbox"/>	\$870 <input type="checkbox"/>	\$1025 <input type="checkbox"/>

School-Age Monthly Program (K – 12 years)	1 Day	2 Day	3 Day	4 Day	5 Day
School Age AM Care 6:30am – 8:30am	\$60 <input type="checkbox"/>	\$115 <input type="checkbox"/>	\$175 <input type="checkbox"/>	\$225 <input type="checkbox"/>	\$285 <input type="checkbox"/>
School Age PM Care 3:00pm – 6:00pm	\$90 <input type="checkbox"/>	\$175 <input type="checkbox"/>	\$265 <input type="checkbox"/>	\$335 <input type="checkbox"/>	\$420 <input type="checkbox"/>
School Age AM/PM Care	\$140 <input type="checkbox"/>	\$275 <input type="checkbox"/>	\$405 <input type="checkbox"/>	\$510 <input type="checkbox"/>	\$625 <input type="checkbox"/>

Early Release \$34/day, Full Day \$42/day, (Field Trip fees may apply)

Office Use:

_____ Vac/Sick Credits

Please indicate hours needed by time In/Out for each day requested.

Student Names (oldest to youngest)	Start Date	MON	TUE	WED	TH	FRI	TUITION
1. _____	_____	-	-	-	-	-	\$ _____
2. _____	_____	-	-	-	-	-	\$ _____

TOTAL \$ _____

PAYMENT OF FEES: I understand that registration and school year fees are non-refundable unless the application is not accepted or space in not available. I agree that monthly fees are due on the 5th of every month. A \$25.00 late fee will be applied if payment is not received. If any payments are returned NSF, I will be charged a \$25.00 fee.

ABSENT DAYS: Our operation is dependent upon your tuition payments; therefore there is no billing adjustment for absences. Each Full Day child receives vacation/sick credit equal to double his/her daily rate (i.e. 2 Day Program = 4 vacation/sick days) and based on enrollment date. Vacation/sick credits do not apply to AM/PM Preschool/Pre-K and School-Age Programs.

HOLIDAYS AND SCHEDULED SCHOOL CLOSURES: I understand King's Way Learning Center will observe all major holidays and KWLC teacher in-service, during which time the Center will be closed. AM/PM Preschool, Pre-K & School Age Programs follow the KWCS calendar. These closures are already factored into the above tuition rate, so there will be no financial adjustments.

LATE PICK-UP: I understand that if my child is picked up after the scheduled session a late fee of \$5.00 will be applied to my account for every five minute increment. A late fee applies even if a parent is on campus yet fails to arrive to the classroom on time.

 Parent/Guardian/Pavee Signature Date

Entered into Procare_____ Director_____ Information Sheet to Teacher Scanned to Procare Completed_____

Revised 02/6/18