First Bethel United Methodist Church -- King School Kids
Schoolage Tuition Agreement

Phone - 412-835-6141 -- Tax ID No. - 25-1102686

Name of Child _____**DOB**_____ **Enrollment Date**_____

Grade this school year _____ **School** _____

Annual Child Care/ Extended Care Registration Fee - per child.....$40.00

Included in the cost of tuition: Developmentally appropriate child care services including all daily activities and snacks. Field trips or special events may be offered at an additional cost.

☐ **Weekly Contract: Days and sessions schoolage student will be attending (two-day minimum required):**

☐ **Monday**	**AM Session:** ☐	**PM Session:** ☐	**AM & PM Session** ☐
☐ **Tuesday**	**AM Session:** ☐	**PM Session:** ☐	**AM & PM Session** ☐
☐ **Wednesday**	**AM Session:** ☐	**PM Session:** ☐	**AM & PM Session** ☐
☐ **Thursday**	**AM Session:** ☐	**PM Session:** ☐	**AM & PM Session** ☐
☐ **Friday**	**AM Session:** ☐	**PM Session:** ☐	**AM & PM Session** ☐

Total per week: AM Sessions: _____ **PM Sessions:**_____ **AM & PM Sessions:**_____

Arrival time_____ **Departure time**_____ **Cost** _____

☐ **Flex Care** Schedule due 30 days in advance (confirm availability of this option)

☐ **Holding** $25 per week (Min. 2 wk notice to return)

Name of Parent(s) / Guardian(s) _____

Mother/Guardian Telephone Number (H/C)_____ **(W)** _____

Father/Guardian Telephone Number (H/C) _____ **(W)** _____

Email: Mother_____ **Father**_____

Living with: Both parents ☐ **Mother** ☐ **Father** ☐ **Other**_____

Persons to whom child may be released:

Name_____**Tele.No.**_____

Name_____**Tele.No.**_____

Name_____**Tele.No.**_____

Please read and check all that apply:

☐ **I will review the Parent Handbook found at kingsschoolkids.org which includes what tuition fees and late fees might be applicable to my child and the suspension and expulsion policy.**

☐ **I understand that I need to update emergency contact/parent consent forms whenever changes occur or every six months at a minimum. I understand my child may only be released to individuals identified on the Emergency Contact form.**

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☐ **I also understand I must provide the Center with developmentally appropriate health assessment on a regular schedule as required by Pennsylvania Child Care Regulations.**

☐ **I understand that tuition fees are due the Friday before care is given and that a late fee ($10) will be charged for each week I am overdue unless arrangements have been made with the Administrator of the program.**

☐ **If your child currently has an IEP/IFSP, we ask that you share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice.**

☐ **I understand that my child's picture may be taken while at school. I give permission for his/her picture to appear on Facebook, in newspaper articles and other media in relation to the school**

☐ **I understand that a Kings School Kids staff member will escort my child to the waiting bus and responsibility for the care of my child transfers to the Bethel Park School District when he/she boards the school district bus transporting him/her to _____(school) at _____(time).**

☐ **I understand that a staff member of Kings School Kids will meet the school district bus and escort my child to the center. Kings School Kids assumes responsibility for the care of my child when he/she exits the bus returning from _____(school) at _____(time).**

Signature of Parent / Guardian **Date**

Director's Signature **Date**