

First Bethel United Methodist Church -- King School Kids -- Tuition Agreement
Phone - 412-835-6141 -- Tax ID No. 25-1102686

Name of Child _____ DOB _____ Enrollment Date _____

Annual Registration Fees:

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

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

Type of Agreement – Two-day minimum required: (Please check selection.)

☐ **Hourly** (less than 5 [five] hours per day) \$ _____ per hour Number of Hours Per Week: _____
Days: M _____ T _____ W _____ TH _____ F _____ Arrival time _____ Departure time _____ Time varies _____

☐ **Weekly Contract:** Days and amount of time child will be attending. Check all that are needed.

(Full Days are 5 [five] or more hours a day. Half days are less than 5 [five] hours a day)

Monday	Full Day _____	Half Day _____	Tuesday	Full Day _____	Half Day _____	Arrival time _____
Wednesday	Full Day _____	Half Day _____	Thursday	Full Day _____	Half Day _____	Departure time _____
Friday	Full Day _____	Half Day _____				Times Vary _____

Total number of Full Days per week: _____ Total number of Half Days per week: _____ Weekly Contract Cost _____

☐ **Flex Care** (30 day advance schedule) _____ days per week (confirm availability of this option)

☐ **Holding** \$25 per week (min. 2 wks 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.

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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

For Kindergarten Students

- ☐ 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