

**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 6 [six] or more hours a day. Half days are less than 6 [six] 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 [www.KingsSchoolKids.com](http://www.KingsSchoolKids.com) which includes what tuition fees and late fees might be applicable to my child and the suspension and expulsion policy.

**CONTINUED ON BACK**

- 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.
  
- 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.

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Signature of Parent / Guardian

Date

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Director's Signature

Date