

**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 [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.

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.

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Signature of Parent / Guardian

Date

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Director's Signature

Date