

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 www.KingsSchoolKids.com 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 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.

Signature of Parent / Guardian

Date

Director's Signature

Date