

Child(ren)'s Full Name(s): _____

*Highlighted areas are for office use only.

Processing Fee: Summer or School Year Only	1 Child (\$15)	2 Children (\$25)	3 Children (\$35)	4 Children (\$45)
Summer and School Year	1 Child (\$30)	2 Children (\$50)	3 Children (\$70)	4 Children (\$90)

I have included my processing fee of \$ _____

Initial: _____

Please bill me.

Tuition Work Sheet

My family/household size is: _____

Total Annual Salary Payer 1: _____

Total Annual Salary Payer 2: _____

Other Verifiable Income (Annual): _____

Total Annual Household Income: _____

School Year Income Level: _____ AM Rate: _____ PM Rate: _____ Full Day Rate: _____

Summer Income Level: _____ Full Day Weekly Tuition: _____ Half Day Weekly Tuition: _____

Please choose one option and initial.

I am submitting income verification.

Initial: _____

I am not submitting income verification. I will be charged at the highest level.

Initial: _____

Please acknowledge and initial.

I understand that tuition is based on my child's enrollment schedule and not my child's attendance.

Habitual late payment may result in limited enrollment options and/or termination from the program.

I am responsible to pay all collection costs and fees for unpaid balances.

I understand that I must pick up my child from program by program closure. Habitual late pick up may result in termination from the program. Please make note of the late fees:

- 1-10 Minutes \$10 per child
- 11-20 Minutes \$20 per child
- 21-30 Minutes \$30 per child
- 30 minutes or more \$40 per child

All returned checks will incur a \$15 fee. I will be notified immediately by the Finance Office by email or phone.

The deadline to change my schedule or withdraw from the summer program is **June 14, 2019**. After the deadline I am financially responsible for all tuition fees for the schedule I have submitted.

The deadline to change my schedule or withdraw from the school year program without 2 weeks' notice and financial obligation is **July 26, 2019**

Payer Signature: _____

Date: _____

Payer Social Security Number: _____ Print Name: _____

Account Status: Good Standing Past Due: \$ _____ Finance Office Signature: _____ Date: _____

