

First Bethel United Methodist Church -- King School Kids
5901 Library Road Bethel Park, PA 15102
Phone - 412-835-6141 -- Fax - 412-835-1299
Tax ID No. -- 25-1102686
Tuition Agreement for 2008

Name of Child _____ DOB _____ Enrollment Date _____

Annual Registration Fees:

Child Care/ Extended Care Registration Fee - per child\$30.00

Type of Agreement:

Hourly (less than 5 [five] hours per day) \$ _____ per hour
Hrs. Per Week: _____ Days: M _____ T _____ W _____ TH _____ F _____

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

(Full Days are 7 [seven] or more hours a day. Half days are less than 7 [seven] hours a day)

Monday _____ Full Day: _____ Half Day _____ Tuesday _____ Full Day: _____ Half Day: _____
Wednesday _____ Full Day: _____ Half Day _____ Thursday _____ Full Day: _____ Half Day: _____
Friday _____ Full Day: _____ Half Day _____

Total number of Full Days per week: _____ Total number of Half Days per week _____

Weekly Contract Cost _____

Name of Parent(s) / Guardian(s) _____

Mother/Guardian Telephone Number (H) _____ (W) _____

Father/Guardian Telephone Number (H) _____ (W) _____

Address _____

Living with: Both parents _____ Mother _____ Father _____ Other _____

- 9 I have received a Parent Handbook and know what tuition fees, late fees and snack fees might be applicable to my child(ren).
- 9 I understand that I need to update emergency contact/parent consent forms whenever changes occur or every six months at a minimum. I also understand I must provide the Center with developmentally appropriate physical check-up forms on a regular schedule.
- 9 I understand that tuition fees are due the Friday before care is given. I also understand that a late fee will be charged (\$10) for each week I am overdue unless arrangements have been made with the Administrator of the program.
- 9 If your child currently has an IEP/IFSP, it would be beneficial to share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice. You do not have to provide this information if you do not wish to do so.

Parent's/ Guardian's Signature _____ Date _____

Director's Signature _____ Date _____
Access PIN Number for family _____ (please chose PIN -- up to 8 letters or digits)
PIN Number for children (if different) _____