



2017 – 18 St. Peter Early Childhood Center
SCHOOL YEAR TUITION PAYMENT FORM – RETURN WITH ENROLLMENT

2017-18 School Year Program _____

(Child's Name)

FULL DAY PROGRAM (Until 5:30 PM)

DROP-OFF TIME	2 DAYS	3 DAYS	5 DAYS
7:00 AM TO 8:00 AM	\$80/week	\$120/week	\$170/week

SCHOOL DAY PROGRAM (Until 3:15 PM)

DROP-OFF TIME	2 DAYS	3 DAYS	5 DAYS
7:00 AM TO 8:00 AM	\$60/week	\$90/week	\$130/week

HALF DAY PROGRAM (Until 11:30 AM)

DROP-OFF TIME	2 DAYS	3 DAYS	5 DAYS
7:00 AM TO 8:00 AM	\$50/week	\$75/week	\$105/week

*Please note full week breaks are not charged; all other days off have been pro-rated into the tuition rate

Drop Off Time: Between 7:00 AM & 7:45 AM **OR** Between 7:45 AM & 8:00 AM *(Circle Choice)*

Pick Up Time: 11:30 AM (Half Day Program) **OR** Between 3:00 PM & 3:30 PM (School Day Program) **OR**
 Between 3:30 PM & 5:30 PM (Full Day Program) *(Circle Choice)*

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____

Total Weeks = 37 Cost per Week = \$ _____ Total Cost = \$ _____

**Please include a \$100 down payment (non-refundable) with your enrollment form to reserve your spot in our Early Childhood Program. This payment will be credited towards your child's tuition.*

If a family decides to decrease the number of days or hours they will use the Early Childhood Ministry Center from their original tuition payment form, St. Peter Lutheran reserves the right to add a \$500 convenience fee to the family's tuition bill.

PLEASE SELECT YOUR PREFERRED PAYMENT METHOD FOR YOUR CHILD'S SCHOOL YEAR PROGRAM

_____ One Payment, Due by August 9, 2017

_____ Two Payment (Semester) Plan – 1st Payment due 8/9/2017; 2nd Payment due 1/15/2018

_____ 10 Month Plan – 1st payment is due on the 1st or 15th of September 2017; the remaining 9 payments are due from October through June. (automatic withdrawal from your checking/savings account)

Do you need a monthly statement for your flex spending account? YES NO

Parent or Guardian Name (please print): _____

Parent or Guardian Signature: _____ **Date** _____

Office Use Only

Child's Name _____ Date Received. _____ Application # _____

Full Day Program School Day Program Half Day Program

Number of Days: 2 days 3 days 5 days Other _____

Payment Option: Full Payment Semester Payment Monthly Payment

Total Weeks = 37 Cost per Week: _____ Total Cost: _____

\$100 Deposit: Date Received. _____ Cash or Check # _____ Monthly Flex Statement Yes No

NOTES:

Office Signature _____ Date _____