



2018 – 19 St. Peter Early Childhood Center

**SCHOOL YEAR TUITION PAYMENT FORM – RETURN WITH ENROLLMENT**

2018-19 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	\$82/week	\$123/week	\$175/week

**SCHOOL DAY PROGRAM (Until 3:15 PM)**

DROP-OFF TIME	2 DAYS	3 DAYS	5 DAYS
7:00 AM TO 8:00 AM	\$62/week	\$93/week	\$135/week

**HALF DAY PROGRAM (Until 11:30 AM)**

DROP-OFF TIME	2 DAYS	3 DAYS	5 DAYS
7:00 AM TO 8:00 AM	\$52/week	\$78/week	\$110/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 Your 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 Your 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 8, 2018

\_\_\_\_\_ Two Payment (Semester) Plan – 1<sup>st</sup> Payment due 8/9/2018; 2<sup>nd</sup> Payment due 1/14/2019

\_\_\_\_\_ 10 Month Plan – 1<sup>st</sup> payment is due on the 1<sup>st</sup> or 15<sup>th</sup> of September 2018; 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 \_\_\_\_\_