



2019 – 20 St. Peter Early Childhood Center

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

2019-20 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	\$84/week	\$126/week	\$180/week

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

DROP-OFF TIME	2 DAYS	3 DAYS	5 DAYS
7:00 AM TO 8:00 AM	\$64/week	\$96/week	\$140/week

**HALF DAY PROGRAM (Until 11:30 AM) – Mondays, Wednesdays, and Fridays**

DROP-OFF TIME	2 DAYS	3 DAYS	
7:00 AM TO 8:00 AM	\$54/week	\$81/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 this Tuition Payment Form to reserve your spot in our Early Childhood Program. This payment will be credited towards your child's tuition.*

After Friday, May 17, if a family makes changes to their plan of the number of days or hours they will use the Early Childhood Ministry Center from this original Tuition Payment Form, St. Peter Lutheran will charge an additional \$100 service fee. If a family makes changes to this plan after Friday, July 26, they will be charged a \$200 service fee.

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

\_\_\_\_\_ One Payment, due by August 7, 2019

\_\_\_\_\_ Two Payment (Semester) Plan – 1<sup>st</sup> Payment due 8/7/2019; 2<sup>nd</sup> Payment due 1/13/2020

\_\_\_\_\_ 10 Month Plan – 1<sup>st</sup> payment is due on the 1<sup>st</sup> or 15<sup>th</sup> of September 2019; 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 \_\_\_\_\_