



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

2017 Summer 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 = 10.5 Cost per Week = \$ _____ Total Cost = \$ _____

- Parents, please advise our office of your summer family vacation plans so we can pro-rate your Summer Program tuition.
- 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 June 9, 2017

_____ Three Payments due on June 15, July 15 and August 15, 2017

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 Three Payments

Total Weeks: _____ Cost per Week: _____ Total Cost: _____

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

NOTES:

Office Signature _____ Date _____