



2018 St. Peter Early Childhood Center

SUMMER TUITION PAYMENT FORM – RETURN WITH ENROLLMENT

2018 Summer Program \_\_\_\_\_ (Child's Name)

FULL DAY PROGRAM (Until 5:30 PM)

Table with 4 columns: DROP-OFF TIME, 2 DAYS, 3 DAYS, 5 DAYS. Row 1: 7:00 AM TO 8:00 AM, \$82/week, \$123/week, \$175/week

SCHOOL DAY PROGRAM (Until 3:15 PM)

Table with 4 columns: DROP-OFF TIME, 2 DAYS, 3 DAYS, 5 DAYS. Row 1: 7:00 AM TO 8:00 AM, \$62/week, \$93/week, \$135/week

HALF DAY PROGRAM (Until 11:30 AM)

Table with 4 columns: DROP-OFF TIME, 2 DAYS, 3 DAYS, 5 DAYS. Row 1: 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 = 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 8, 2018

\_\_\_\_\_ Three Payments due on June 15, July 15 and August 15, 2018

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 \_\_\_\_\_