

First Bethel United Methodist Church -- King School Kids -- Tuition Agreement
Phone - 412-835-6141 -- Tax ID No. 25-1102686

Name of Child _____ DOB _____ Enrollment Date _____

Annual Registration Fees:

Child Care/ Extended Care Registration Fee - per child...\$40.00

Daycare

Included in the cost of tuition: Developmentally appropriate childcare services including all daily activities and snacks. Field trips or special events may be offered at an additional cost.

Type of Agreement – Two-day minimum required: (Please check selection.)

☐ **Hourly** (less than 5 [five] hours per day) \$ _____ per hour Number of Hours Per Week: _____
Days: M _____ T _____ W _____ TH _____ F _____ Arrival time _____ Departure time _____ Time varies _____

☐ **Weekly Contract:** Days and amount of time child will be attending. Check all that are needed.

(Full Days are 5 [five] or more hours a day. Half days are less than 5 [five] hours a day)

Monday	Full Day _____	Half Day _____	Tuesday	Full Day _____	Half Day _____	Arrival time _____
Wednesday	Full Day _____	Half Day _____	Thursday	Full Day _____	Half Day _____	Departure time _____
Friday	Full Day _____	Half Day _____				Times Vary _____

Total number of Full Days per week: _____ Total number of Half Days per week: _____ Weekly Contract Cost _____

☐ **Flex Care** (30 day advance schedule) _____ days per week (confirm availability of this option)

☐ **Holding** \$50 per week (min. 2 wks notice to return)

☐ I understand daycare tuition fees are due the Friday before care is given and that a late fee of \$10 will be charged for each week payment is overdue unless prior arrangements have been made

Preschool

☐ **Two Day Class (Caterpillar)** 9:00-11:30, Tuesday & Thursday Sept – May \$130/month

☐ **Three Day Class (Butterfly)** 9:00-12:30, Monday, Wednesday, Friday Sept – May \$195/month

☐ I understand that Preschool Tuition is due the first week of each month, Sept-May, and a late fee of \$10 will be assessed after the 15th of each month. There is no reduction of rates given for absence, illness or vacation.

☐ I agree to notify the KSK Administrative Office, in writing, of withdrawal two weeks before the event. If notice is not given, I will pay tuition for that time.

Name of Parent(s) / Guardian(s) _____

Mother/Guardian Telephone Number (H/C) _____ (W) _____

Father/Guardian Telephone Number (H/C) _____ (W) _____

Email: Mother _____ Father _____

Living with: Both parents _____ Mother _____ Father _____ Other _____

Persons to whom child may be released:

Name _____

Tele.No. _____

Name _____

Tele.No. _____

Name _____

Tele.No. _____

Please read and check all that apply:

- ☐ I will review the Parent Handbook found at kingsschoolkids.org which includes what tuition fees and late fees might be applicable to my child and the suspension and expulsion policy.
- ☐ I also understand I must provide the Center with developmentally appropriate health assessment on a regular schedule as required by Pennsylvania Child Care Regulations.
- ☐ If your child currently has an IEP/IFSP, we ask that you share a copy of this plan with us so we can work together to ensure that the guidelines are put into practice.
- ☐ I understand that my child's picture may be taken while at school. I give permission for his/her picture to appear on Facebook, in newspaper articles and other media in relation to the school
- ☐ I understand that I need to update emergency contact/parent consent forms whenever changes occur or every six months at a minimum. I understand my child may only be released to individuals identified on the Emergency Contact form

For Kindergarten Students

- ☐ I understand that a Kings School Kids staff member will escort my child to the waiting bus and responsibility for the care of my child transfers to the Bethel Park School District when he/she boards the school district bus transporting him/her to _____ (school) at _____ (time).
- ☐ I understand that a staff member of Kings School Kids will meet the school district bus and escort my child to the center. Kings School Kids assumes responsibility for the care of my child when he/she exits the bus returning from _____ (school) at _____ (time).

Signature of Parent / Guardian

Date

Director's Signature

Date