

ST. PAUL'S CHRISTIAN CHILDREN'S CENTER
SCHOOL AGE PROGRAM - FALL 2017 (NEW CHILDREN)
REGISTRATION AND ENROLLMENT AGREEMENT 2017- 2018

CHILD'S NAME _____ BIRTHDATE _____

CHILD'S ADDRESS: _____

MOTHER'S NAME _____ PHONE: (H) _____ (C) _____

EMAIL _____ (W) _____

FATHER'S NAME _____ PHONE: (H) _____ (C) _____

EMAIL _____ (W) _____

- 1) I agree to comply with all policies of St. Paul's Christian Children's Center as outlined in the Parents' Handbook.
- 2) I agree to pay \$208.00 (After School Care) or \$228.00 (Before & After School Care) biweekly, in advance, effective September 4, 2017. Tuition is due on Mondays for each biweekly period. I understand that this tuition is based on an annual budget and that there are NO adjustments for illness, vacations or Center closings. I agree to give TWO WEEKS' written notice when withdrawing my child from the Center, or make a tuition payment of \$208.00 (After School) or \$228.00 (Before & After school) for that time period.
- 3) When Prince George's County Schools are closed, advance sign-up for these days is mandatory. I agree to pay an additional \$14.00 per day if I sign up for all-day care. When Prince George's County Schools are half-day sessions or early dismissal, there is no additional charge.
- 4) St. Paul's follows Prince George's County Schools for closings/delays for inclement weather.
- 5) I will pick up my child by 6:00 PM and understand the following late fee policy:
Late Pick-Up: 6:00 - 6:15 - \$10.00 for ANY portion of the time
6:16 - \$ 5.00 for each 5 minutes or portion thereof
Late Payment: \$20.00 late fee if tuition is received later than 5 business days after the due date. If payment is not received within 10 days of due date, child may not return until your account is paid in full. Space is not guaranteed.
- 6) Excessive, chronic lateness may result in dismissal from the Center.

_____ \$50.00 Registration fee (non-refundable)

_____ \$ 104.00 (After School Only)/ \$114.00 (Before & After School) Security Deposit

_____ \$ 208.00 (After School) for 1st two weeks (due when child starts)
OR

_____ \$ 228.00 (Before/After School) for 1st two weeks (due when child starts)

_____ Total Check # _____ Date _____ Date to begin _____

Photos of my child may be used in Center-related articles: Circle one: Yes No
Parent's Signature _____ Date _____

Parent's Signature _____ Date _____