



# Payment Contract 2009-2010

Child's Name _____	Birth Date _____
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## Start Date

Requested Start Date (if other than first day of 2009/2010 school year) \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Days Attending (please indicate first, second and third choices)

<b>First Choice:</b>	Mon	Tue	Wed	Thur	Fri
<b>Second Choice:</b>	Mon	Tue	Wed	Thur	Fri
<b>Third Choice:</b>	Mon	Tue	Wed	Thur	Fri

## Confirmed Schedule (please leave blank for director to fill out)

Director Initials _____	Mon	Tue	Wed	Thur	Fri
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## School Options (please circle one option corresponding to days chosen)

			<b>Number of Days Per Week:</b>	<b>2 Days</b>	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
<b>Half Days</b>	9am-12:30pm	<b>Trimester Price</b>	\$717	\$1,074	\$1,431	\$1,788	
<b>Full Days</b>	9am-3pm	<b>Trimester Price</b>	\$1,227	\$1,839	\$2,451	\$3,063	

## After Hours Care Options (please select any options that correspond to days chosen)

			<b>Number of Days Per Week:</b>	<b>1 Day</b>	<b>2 Days</b>	<b>3 Days</b>	<b>4 Days</b>	<b>5 Days</b>
<b>Before School</b>	8am-9am	<b>Trimester Price</b>	\$102	\$204	\$306	\$408	\$510	
<b>After School</b>	3pm-4pm	<b>Trimester Price</b>	\$102	\$204	\$306	\$408	\$510	

If number of days of after care doesn't match number of school days, please indicate which days after care should apply to:

## Tuition Totals

<b>SUBTOTAL</b>	\$ _____
<b>Sibling Discount (5%)</b>	\$ _____
<b>Other</b> _____	\$ _____ <b>Director Initials</b> _____
<b>TOTAL</b>	\$ _____

## Tuition & Fee Information

The Registration Fee is \$150/child and is not included in the tuition fees above.  
 For returning families, the Registration Fee alone will constitute a Reservation Deposit.  
 For new families, 1/3 of the first trimester's tuition plus the Registration Fee make up the Reservation Deposit.  
 Reservation Deposits will guarantee your child's space, provided space is available.  
 Reservation Deposits are non-refundable.  
 The remainder of the first trimester's tuition is due by May 15th.  
 Tuition for the second and third trimesters will be due in October and February respectively.  
 Tuition will be pro-rated if registering after the trimester begins, or if additional days are added later.  
 Trimesters are billed in advance, including any After Care options selected.  
 School days are listed in the school calendar, and are the only days included in tuition.  
 There are no make-up days or refunds, and no credits for missed days.  
 The Returned Check Fee is \$25.00.  
 The Late Payment Fee is \$25.00 (if payment is received after the due date).  
 There is a 10 minute grace period for pick-up times. After ten minutes, an Overtime Fee will be charged.  
 The Overtime Fee is \$10 for every 10 minutes (or any portion thereof).  
 Overtime Fees will automatically be billed to your account and will be due within ten days.

Please initial after you have read: \_\_\_\_\_

**Payment Information**

Payments must be made by the due dates for each trimester (May 15th, October 15th, February 15th)

Payments may be made with cash or check made payable to The Patchwork School.

If you fail to pay and we have to retain an attorney to collect, your child will be disenrolled and, by your signature on this contract, you are agreeing to reimburse us for all costs of collection, including but not limited to, reasonable attorney's fees.

Please initial after you have read:

**Signature**

I understand that it is my responsibility to notify a director at The Patchwork School of any intent to withdraw my child from the school. I fully understand and am willing to comply with the policies outlined above. I understand that I am individually responsible for this account. I am aware of the tuition rates and agree to pay based on my selections above.

Parent/Guardian Signature

Date

Printed Name

Relationship to child

**Contact Information**

Email Address

Phone Number(s)

Address of Person listed above