A Child's Place acp

Tuition Agreement
West Chester Area School District
2022-2023

Child's Name: _____ School: _____ Start Date: _____

Monthly Tuition Rates

Part Time Only

PROGRAM	Part time (2-3 days) Choose your days	Full time (4-5 days)	Occasional Use (per day)
Before Care (7am-8:30am)	$105.00	$179.00	$20.00
After Care (3:30pm-6pm)	$248.00	$335.00	$32.00
Before/After Care (7am-8:30am/3:30pm-6pm)	$335.00	$450.00	$40.00
Registration Fees (charged each school year)	$100.00 per child	$150.00 per family	

Monday

Tuesday

Wednesday

Thursday

Friday

Payment Amount: _____ Payment due the 1st of each month before care. **Late Fee: $1.00 per minute after 6:00pm and $50.00 if tuition is not received by the 10th of the month.

Person(s) designated by parent to whom child may be released:

_____

_____

I, the parent/guardian: (Please initial)

_____ received/accessed and agree to the policies and procedures of the online A Child's Place Handbook at the time of enrollment

_____ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum

_____ Services provided include child care, homework help, and a variety of extracurricular activities

Electronic Signature:by typing your name in this field, you agree that this signature is the electronic representation of your signature for purposes of this document.

_____   _____
Signature Of Parent Or Guardian   Date

_____   _____
Signature-Operator   Date

_____   _____
PERIODIC REVIEW   Date
Signature of Parent or Guardian

FOR OFFICE USE ONLY:

Additional services and /or benefits if applicable:

STARTDATE _____

WITHDRAWL DATE _____