

KKCA

Enrollment Application

Student Applicant Information

Student's Full Name _____ DOB _____

Age _____ Do you already have a child attending KKCA? (Circle One) Yes No

Grade: (Circle One) Infant Toddler Two's JR. PRE-K (3'S) PRE-K

Academic School Year: (Circle One)

2020-2021 2021-2022 2022-2023 2023-2024

Is your child 100% potty-trained? (Circle One) Yes No

Are you or your spouse active duty military? Yes No Date to Begin School: _____/_____/_____

Parent Information

Mother's Full Name _____

Occupation _____ Employer _____

Work Number _____ Cell Number _____

Email Address _____

Father's Full Name _____

Occupation _____ Employer _____

Work Number _____ Cell Number _____

Email Address _____

Family Mailing Address: _____

City: _____ State: _____ Zip: _____

Reference Name: _____ Phone#: _____

Reference Name: _____ Phone#: _____

Parent Questionnaire

How did you hear about
KKCA? _____

Why are you considering enrolling your child at
KKCA? _____

KKCA is actively raising the necessary funds for a larger facility. Fundraising will be one of the major avenues in which we raise the funds needed to secure the loan for our new facility. We will be hosting a dinner, participating in a read-a-thon and selling Blue & Gold as well as Eileen's Cookie Dough during the year. We need full parent participation to help us acquire the funds as quickly as possible. Will you commit to participating in these fundraising events?

Yes No

KKCA focuses on the development of the whole child. Your child's teachers develop daily lesson plans that incorporate lessons from the Bible, manners, self-regulation, emotional and social maturity, potty training, early academics, as well as comprehensive Jr. Pre-K and Pre-K academics. Your child's teacher works closely with each child to ensure their progress. They will perform an academic and CDC developmental assessment every nine weeks and will offer a Parent Teacher Conference shortly after assessments for parents to attend. Will you support your child's teacher by actively engaging in communication, feedback and lessons to ensure your child's success?

Yes No

Please briefly describe your child's previous early childhood education experience/environment:(homeschool, daycare, private school, mother's-day-out, no previous experience) _____

Has your child ever been assessed or diagnosed for any learning disorders? No

Yes, Explanation: _____

Have you or your child ever been released from an early childhood education center/school for failure to pay tuition, frequent absence or unresolved behavioral concerns?: _____

Parent/Guardian Signature _____

Relationship to Student _____ **Date** _____

KKCA Family Questionnaire

STUDENT NAME:	DATE:
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Information provided within this questionnaire does not determine enrollment status. This questionnaire is utilized only to help KKCA learn more about your child’s previous education experiences and your family’s preferences and expectations so that we can provide the best care possible to you and your child. This form will be filled out upon enrollment and also annually at re-enrollment.

1. Has your child been a childcare setting before? If yes, please list all previous childcare settings (Center, Home, MDO, etc) of attendance including dates of enrollment and reason for leaving.

	Program Name	Center/Home/MDO	Dates of Attendance	Reason For Leaving
1			FROM:	
			TO:	
2			FROM:	
			TO:	
3			FROM:	
			TO:	
4			FROM:	
			TO:	

2. What are your expectations for your childcare provider? _____

3. What are your expectations for your child’s teacher? _____

4. What academic/learning expectations do you have for your child for the next 12 month? _____

5. Does your family observe any special dietary, cultural or religious practices? _____

6. Is your child fully potty-trained?

If YES:

- 1) What age did your child begin training? _____
- 2) How long did it take to be fully trained? _____
- 3) Does your child communicate toileting needs with adults? _____
- 4) Does your child need assistance with (Circle all that apply):
Undressing/Redressing/Wiping/Handwashing
- 5) Describe your toilet training method: _____

- 6) Did your child receive rewards/incentives or other to encourage training?

 If YES please describe: _____

If NO:

- 1) Have you started training? YES/NO
- 2) If not, do you plan to start within the next 12 months?

7. Rate the following expectations according your personal level of importance.

(1 being most important, 10 being least important)

Communication		Christian Principles	
Safety		Parent Involvement Opportunities	
Challenging Academics		Nutrition	
Play-Based Learning		Outdoor Play	
Nurturing Environment		Center Cleanliness	

KKCA Registration & Enrollment Form

Student Contact Information									
Child's Full Name:					Date of Birth:				
Student Daily Arrival/Departure Times (For Staff Planning Purposes)									
Monday		Tuesday		Wednesday		Thursday		Friday	
ARRIVAL	PICKUP	ARRIVAL	PICKUP	ARRIVAL	PICKUP	ARRIVAL	PICKUP	ARRIVAL	PICKUP
Address:					Home Phone: () _____ - _____				
City:			State:		ZIP:		Fully Potty Trained? Y/N		
					Actively Potty Training? Y/N				
Mother's Full Name:					Cell Phone (Mother): () _____ - _____				
Mother's Email Address: (Please Print)									
Employer/Occupation (Mother):					Work Phone (Mother): () _____ - _____				
Father's Full Name:					Cell Phone (Father): () _____ - _____				
Father's Email Address: (Please Print)									
Employer/Occupation (Father):					Work Phone (Father): () _____ - _____				
Parent/Guardian With Legal Custody:					Parents Are: (Circle One)				
					Married		Living Together		
					Divorced		Separated		
					Widowed		Single		
Please list any special circumstances/situations KKCA should be aware of:									

**Emergency Contact Information & Authorized Person's for Pick-Up
(Other Than Parents/Guardian)**

1). Full Name:	Phone Number:
Relationship to Student:	
2). Full Name:	Phone Number:
Relationship to Student:	
3). Full Name:	Phone Number:
Relationship to Student:	
4). Full Name:	Phone Number:
Relationship to Student:	
5). Full Name:	Phone Number:
Relationship to Student:	

Student Medical Information

Student's Physician Name:	Phone Number:
Preferred Hospital:	Phone Number:
Medical Insurance Company:	Phone Number:
Insurance Policy Number:	Group ID:
Regular Medications:	Reason:
Food Allergies:	Description of Reaction:
Special Health Concerns/Conditions or Other Non-Food Related Allergies:	

Emergency First Aid Treatment and Transportation Consent

I hereby give permission that my child _____ may be given emergency first aid treatment which includes CPR if necessary by a staff member of KKCA. I also give permission for KKCA to call 911 for emergency assistance in the event emergency medical treatment is needed for my child and to be transported by car/ambulance to the nearest hospital emergency department for treatment and to hold KKCA and its employees harmless.

Parents Signature (Mother): _____ Date: _____

Parents Signature (Father): _____ Date: _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child _____ in the case of an accident or emergency, as prescribed by a treating physician and hold KKCA and its employees harmless.

Parents Signature (Mother): _____ Date: _____

Parents Signature (Father): _____ Date: _____

Permission to Publish, Post and/or Print

To be able to publish/post photos of your student and/or their classroom work on the KKCA Facebook/Twitter Page, Classroom DOJO account and KKCA website; please check one of the boxes below to give permission to do so.

- I consent
- I do not consent

Parents Signature (Mother): _____ Date: _____

Parents Signature (Father): _____ Date: _____

Parent School Resources Acknowledgment

I/We acknowledge that for our reference KKCA's school menu's, operational calendars and the KKCA Parent Handbook that contains information about program specific policies and procedures (ex: attendance, behavior/guidance, illness/injury, enrollment terms/tuition/fees, etc) are published on KKCA's website: www.kkcaowls.com.

Parents Signature (Mother): _____ Date: _____

Parents Signature (Father): _____ Date: _____

KKCA

Enrollment & Tuition Agreement

Both parents, guardians, or other persons responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to the administrative office accompanied with a non-refundable enrollment/book fee of \$200.00 if enrolling by the early registration deadline: April 1st or \$250.00 per student if re-enrolling after April 1st. A student is accepted for enrollment or re-enrollment when the completed contract with the enrollment/book fee has been delivered to the school, countersigned and dated. A copy of the accepted contract will be returned prior to the start of the school year. No amendment to this contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the schools administration.

Student's Name _____ Grade to Enter _____ Date to Enter _____

In consideration of the acceptance of this contract by the school, the undersigned agrees to pay the required TOTAL TUITION for the full 10 month academic year (August-May or pro-rated if enrollment begins after the start of the school year) and any additional fees incurred and agrees to be bound by the provisions of this contract. So long as tuition and fee payments are not delinquent, tuition payments are due no later than the dates listed on the reverse side of this contract. A separate 8 week Summer Program for June & July will be made available for enrollment beginning March 1st of every year.

Enrollment and Re-enrollment is conditioned upon the following terms:

1. Successful completion of the current year and recommendation of the school is required for re-enrollment of currently enrolled students.
2. A non-refundable enrollment/curriculum fee of \$200.00 if enrolling by the annual early registration deadline: April 1st or \$250.00 per student if re-enrolling after April 1st. This fee is required in full and cannot be pro-rated.
3. Release or reduction of contractual and /or financial obligations to the school is at the sole discretion of administration and is based on individual circumstances.
4. Acceptance of enrollment constitutes an agreement to pay the full academic year's account, comprised of both TOTAL TUITION and all related fees and expenses of the student. The school is entitled to be reimbursed for any attorney's fees and costs incurred in the collection of any unpaid balance.
5. In support of this contract, parents will be issued a monthly tuition statement that reflects tuition due including any accrued fees due to drop-in services for Archimedes, meal plan (when unenrolled) or late payment/pick-up fees. Parents will also receive a year statement for tax purposes.
6. Parents, guardians and other persons assigned to this contract agree to comply with and be subject to the school's rules and policies as set forth in the Parent-Student Handbook, as revised when necessary.
7. An account is considered delinquent if not paid within 3 business days of the due date. A late payment fee of \$20 per day late will be charged on a delinquent account. Whenever a tuition account becomes past due for a period of 10 days from its due date then, unless the school shall obtain adequate security acceptable to the school for such account within that 10 day period, the student will be withheld from classes until the delinquency is cured. If the delinquency is not cured within an additional 10 day period, the student will be dismissed. In all events, the first tuition installment payment must be paid on or before the first day of school or the student's place will not be reserved. The student will not be enrolled in classes.
8. A \$25 fee is assessed to accounts when an ACH/check payments are returned for non-sufficient funds.
9. A 30 day written notice to school administration is required to change ACH financial information, withdraw enrollment or stop ACH payments.
10. The terms and provisions on the reverse side of this contract must be completed and are included as part of this contract by reference.

Tuition for all school grades is a flat rate based on a 10 month academic year in the amount of \$6500.00 for one student. Discounts are available for those who opt for the Annual or Term Payment Options below. Sibling discounts are as follows: 5% discount off total tuition for two students, 10% discount off total tuition for three students. Tuition payments are required to be paid via ACH draft and will include all tuition and elected additional services (extended/meals/late fees/returned payment fees). ACH payments draft in accordance to the following schedule:

Please Select One of the Schedule Options Below: (Your selection becomes part of your Enrollment Contract)

Annual Payment Option, 3% discount if paid in full
\$6,305.00 (August 1st)

Term Payment Option, 2% discount if paid in full
\$3,185.00 (August 1st and January 1st)

Monthly Payment Option
\$650.00 (1st of every month)

Bi-Monthly Payment Option
\$325.00 (1st and 15th of every month)

Both parents must sign this agreement:

Signature _____

Father/Guardian or Person Responsible for Payment

Signature _____

Mother/Guardian or Person Responsible for Payment

Received:

KinderKottage Christian Academy, LLC (KKCA)

By: _____ Date: _____

KKCA Archimedes Before & After Care

Both parents, guardians, or other persons responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to the administrative office accompanied with a non-refundable Archimedes enrollment fee of \$25.00 per student. No amendment to this contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the schools administration. Before & After Care enrollment is optional for all students.

Student's Name _____ Grade to Enter _____ Date to Enter _____

Enrollment and Re-enrollment is conditioned upon the following terms:

1. Archimedes B&A will begin on the first day of school. The school doors open at 6:30am and close at 6:00pm. Enrollment availability is limited and will be first come first serve.
2. Each day, a parent or authorized person must check the child out through the administration desk. A parent/authorized person signature is required daily before taking the student home.
3. A non-refundable enrollment fee or re-enrollment fee of \$25.00 must accompany the contract. This fee secures your students' enrollment in Archimedes. This fee is required in full and cannot be prorated.
4. Cost for Before Care includes breakfast meal service. Breakfast is served at 7:45am and over at 8:00am. Students who arrive after 8:00am must eat breakfast prior to arriving for school. School breakfast is only served to students who attend before care.
5. Before Care hours are from 6:30am-8:00am; if arriving after 8:00am students must go to their homeroom. Bell rings at 8:30am.
6. After Care hours are from 4:30pm-6:00pm. School dismisses at 4:00pm and there is a 30 minute pick-up allowance for pick-up before after care begins. If your student remains on site at 4:30 or later; they will be taken to after care and a drop-in fee will be assessed to your students account.
7. Parents pay the Archimedes Fee regardless of how many days the student attends school or how many days the school is in session.
8. Drop-in charges are \$20.00 per service, per child. Drop-in charges are assessed to families who are not enrolled in Archimedes.
9. Late Pick-Up charges apply to students picked up after 6:00pm. The school promptly closes at 6:00pm. Please be considerate of the staff and be on time to pick your student, as they have evening responsibilities and commitments. Late pick up fees are listed on the reverse side of this page.
10. Continued late pick-up or delinquent Archimedes fee accounts may result in the dismissal of the student from the Archimedes program.
11. In support of this contract, parents will be issued a monthly tuition statement that reflects all fee payments received and the balance now due. Parents will also receive a year statement for tax purposes.
12. Parents, guardians and other persons assigned to this contract agree to comply with and be subject to the school's rules and policies as set forth in the Parent-Student Handbook, as revised when necessary.
13. An account is considered delinquent if not paid within 3 business days of the due date. A late payment fee of \$20.00 per day will be charged on a delinquent account. Whenever a tuition account becomes past due for a period of 10 days from its due date then, unless the school shall obtain adequate security acceptable to the school for such account within that 10 day period, the student will be withheld from classes until the delinquency is cured. If the delinquency is not cured within an additional 10 day period, the student will be dismissed. In all events, the first tuition installment payment must be paid on or before the first day of school or the student's place will not be reserved. The student will not be enrolled in classes.
14. The terms and provisions on the reverse side of this contract must be completed and are included as part of this contract by reference.

Both parents must sign this contract:

Signature _____

Father/Guardian or Person Responsible for Payment

Signature _____

Mother/Guardian or Person Responsible for Payment

Received:

KinderKottage Christian Academy, LLC (KKCA)

By: _____ Date: _____

Archimedes is KKCA's Before & After School Program for all grades. Archimedes is based on a 10 month academic year. There are no discounts for (sibling or other). Please submit this form along with the enrollment contract.

Please Select One of the Schedule Options Below: (Your selection becomes part of your Enrollment Contract)

BEFORE SCHOOL ONLY (Cost includes breakfast meal) (6:30am-8:00am)

- | | |
|---|---|
| <input type="checkbox"/> Annual Fee Payment Option
\$750.00 (Aug 1st) | <input type="checkbox"/> Term Fee Payment Option
\$375.00 (Aug 1 st & Jan 1st) |
| <input type="checkbox"/> Monthly Fee Payment Option
\$75.00 (1 st of every month) | <input type="checkbox"/> Bi-Monthly Fee Payment Option
\$37.50 (1 st & 15 th of every month) |

AFTER SCHOOL ONLY (4:30pm-6:00 pm)

- | | |
|---|---|
| <input type="checkbox"/> Annual Fee Payment Option
\$750.00 (Aug 1st) | <input type="checkbox"/> Term Fee Payment Option
\$375.00 (Aug 1 st & Jan 1st) |
| <input type="checkbox"/> Monthly Fee Payment Option
\$75.00 (1 st of every month) | <input type="checkbox"/> Bi-Monthly Fee Payment Option
\$37.50 (1 st & 15 th of every month) |

BEFORE & AFTER SCHOOL (6:30am-8:00am & 4:30pm-6:00pm)

- | | |
|--|---|
| <input type="checkbox"/> Annual Fee Payment Option
\$1250.00 (Aug 1st) | <input type="checkbox"/> Term Fee Payment Option
\$625.00 (Aug 1 st and Jan 1st) |
| <input type="checkbox"/> Monthly Fee Payment Option
\$125.00 (1 st of every month) | <input type="checkbox"/> Bi-Monthly Fee Payment Option
\$62.50 (1 st & 15 th of every month) |

My Student Will Not Be Enrolled In Before OR After Care

(Late Pick-Up Fees will be billed to your account and must be paid at the time of the next tuition due date)

*6:00 - 6:04 \$5.00 additional charge
6:05 - 6:14 \$10.00 additional charge
6:15 - 6:30 \$20.00 additional charge
After 6:30 \$20.00 plus additional \$1.00 per minute*

KKCA School Lunch Plan

Both parents, guardians, or other persons responsible for payments should read all the provisions of this Contract, complete the required information, sign and return the Contract to the administrative office. No amendment to this contract and no alteration or addition to the printed terms hereof will be effective without the express prior written approval of the schools administration.

Student's Name _____ Grade to Enter _____ Date to Enter _____

Enrollment and Re-enrollment is conditional upon the following terms:

1. School meals will begin on the first day of school.
2. **School meal plan includes: Lunch at 11:30am for all students enrolled in the school lunch plan. Breakfast from 7:45-8:00am is included in the cost of Before Care and therefore only provided to students who are enrolled in Before Care or utilize Drop-In services. Snack is included in the tuition cost and is served to ALL students regardless of meal plan enrollment. Snack is served at 3:30pm. There is no dinner service.**
3. Meal plan fees must accompany the tuition amount in full.
4. Parents pay the meal plan fee regardless of how many days the student attends school or how many days the school is in session.
5. In support of this contract, parents will be issued a monthly tuition statement that reflects all fee payments received and the balance now due. Parents will also receive a year statement for tax purposes.
6. Parents, guardians and other persons assigned to this contract agree to comply with and be subject to the school's rules and policies as set forth in the Parent-Student Handbook, as revised when necessary.
7. Should your student elect to bring their lunch from home and does not arrive at school with their lunch for the day; the parent will be called to bring a lunch by the school NLT 11:00am.
8. Meals from home should require minimal preparation and minimal heating time (2 minutes or less). **Students are not permitted to bring soda or candy in their lunches from home.**

Please Select One of the Schedule Options Below: (Your selection becomes part of your Enrollment Contract)

Meal Plan:

- | | |
|---|--|
| <input type="checkbox"/> Annual Fee Payment Option (due by August 1st)
<u>Annual Fees</u>
\$200.00 | <input type="checkbox"/> Term Fee Payment Option (due by August 1st and January 1st)
<u>Fall Fees (Due Aug 1st)</u> <u>Spring Fees (Due Jan 1st)</u>
\$100.00 \$100.00 |
| <input type="checkbox"/> Monthly Fee Payment Option (1st of every month)
<u>Monthly Fees</u>
\$20.00 | <input type="checkbox"/> Bi-Monthly Fee Payment Option (1st & 15th of every month)
<u>Bi-Monthly (1st & 15th)</u>
\$10.00 |
| <input type="checkbox"/> <u>My Student Will Be Bringing Lunch From Home</u> | |

Received:
KinderKottage Christian Academy, LLC (KKCA)

By: _____ Date: _____

Both parents must sign this contract:

Signature _____
Father/Guardian or Person Responsible for Payment

Signature _____
Mother/Guardian or Person Responsible for Payment

RECURRING ACH DEBIT CHARGE AUTHORIZATION FORM

I/we understand that all tuition payments (except annual or semi-annual payments) are required to be paid via a recurring ACH Debit Charge. Enrollment Fees must be paid by check payable to KKCA.

I/we hereby authorize KinderKottage Christian Academy (KKCA) to initiate recurring debit entries to my Checking/Savings (select one, listed below), and to debit same such account. This authority will remain in effect until KKCA is notified by me/us in writing with 30 days of notice to withdraw enrollment or change of debiting account information. Draft amounts will include tuition as well as insufficient fund fees/returned payment fees incurred by KKCA for adequate funds not being available on draft date as chosen below.

(NAME-PLEASE PRINT AS APPEARS ON ACCOUNT)

(ADDRESS-PLEASE PRINT)

(PHONE NUMBER-PLEASE PRINT)

(EMAIL ADDRESS-PLEASE PRINT)

PLEASE CIRCLE ONE: CHECKING SAVINGS

BANK NAME: _____ ROUTING NUMBER: _____

ACCOUNT NUMBER: _____ CHARGE AMOUNT: \$ _____

DEBIT FREQUENCY: (CIRCLE ONE)

BI-MONTHLY (1ST AND 15TH) MONTHLY (1ST)

(SIGNATURE)

(DATE)

KKCA Tuition Schedule 2022-2023

ONE STUDENT	Total for Academic Day Only August-May; 8:00am-4:30pm (Bell Rings at 8:30am; Dismissal at 4:00pm)	With Lunch Plan
Annual Payment (Inc. 3% Disc: For Aug-May; Due Aug 1st)	\$6,305.00	\$6,505.00
Term Payment (Inc. 2% Disc: Due Aug 1st & Jan 1st)	\$3,185.00	\$3,285.00
Monthly Payment (Due 1st)	\$650.00	\$670.00
Bi-Monthly Payment (Due 1st & 15th)	\$325.00	\$335.00
ONE STUDENT	Total for Academic Day With Before OR After Care Before Care: 6:30am-8:00am OR After Care: 4:30pm-6:00pm	With Lunch Plan
Annual Payment (Inc. 3% Disc: For Aug-May; Due Aug 1st)	\$7,055.00	\$7,255.00
Term Payment (Inc. 2% Disc: Due Aug 1st & Jan 1st)	\$3,560.00	\$3,660.00
Monthly Payment (Due 1st)	\$725.00	\$745.00
Bi-Monthly Payment (Due 1st & 15th)	\$362.50	\$372.50
ONE STUDENT	Total for Academic Day With Both Before & After Care Before Care: 6:30am-8:00am AND After Care: 4:30pm-6:00pm	With Lunch Plan
Annual Payment (Inc. 3% Disc: For Aug-May; Due Aug 1st)	\$7,555.00	\$7,755.00
Term Payment (Inc. 2% Disc: Due Aug 1st & Jan 1st)	\$3,810.00	\$3,910.00
Monthly Payment (Due 1st)	\$775.00	\$795.00
Bi-Monthly Payment (Due 1st & 15th)	\$387.50	\$397.50

TWO STUDENTS (5% Disc Tuition Only)	Total for Academic Day Only August-May; 8:00am-4:30pm (Bell Rings at 8:30am; Dismissal at 4:00pm)	With Lunch Plan
Annual Payment (Inc. 8% Disc: For Aug-May; Due Aug 1st)	\$11,960.00	\$12,360.00
Term Payment (Inc. 7% Disc: Due Aug 1st & Jan 1st)	\$6,045.00	\$6,245.00
Monthly Payment (Inc. 5% Disc: Due 1st)	\$1,235.00	\$1,635.00
Bi-Monthly Payment (Inc. 5% Disc: Due 1st & 15th)	\$617.50	\$817.50
TWO STUDENTS	Total for Academic Day With Before OR After Care Before Care: 6:30am-8:00am OR After Care: 4:30pm-6:00pm	With Lunch Plan
Annual Payment (Inc. 8% Disc: For Aug-May; Due Aug 1st)	\$13,460.00	\$13,860.00
Term Payment (Inc. 7% Disc: Due Aug 1st & Jan 1st)	\$6,795.00	\$6,995.00
Monthly Payment (Inc. 5% Disc: Due 1st)	\$1,385.00	\$1,425.00
Bi-Monthly Payment (Inc. 5% Disc: Due 1st & 15th)	\$692.50	\$712.50
TWO STUDENTS	Total for Academic Day With Both Before & After Care Before Care: 6:30am-8:00am AND After Care: 4:30pm-6:00pm	With Lunch Plan
Annual Payment (Inc. 8% Disc: For Aug-May; Due Aug 1st)	\$14,460.00	\$14,860.00
Term Payment (Inc. 7% Disc: Due Aug 1st & Jan 1st)	\$7,295.00	\$7,495.00
Monthly Payment (Inc. 5% Disc: Due 1st)	\$1,485.00	\$1,525.00
Bi-Monthly Payment (Inc. 5% Disc: Due 1st & 15th)	\$742.50	\$762.50

Annual Enrollment Fee: \$200.00 per student by April 1st or \$250.00 per student after April 1st

Annual Before Care/After Care Program Fee: \$25.00 per student at the time of enrollment

This Section To Be Completed By School Administration Only

	<i>Annual</i>	<i>Term</i>	<i>Monthly</i>	<i>Bi-Monthly</i>	<i>Sibling</i>
<i>Tuition</i>					
<i>Before Care Only</i>					
<i>After Care Only</i>					
<i>Before Care & After Care</i>					
<i>Lunch Plan</i>					
<i>Total Due</i>					
<i>Enrollment Fee</i>					
<i>Before Care/After Care Enrollment Fee</i>					
<i>ACH Form</i>					