

Marple

Tuition Agreement 2018-2019

This agreement is by and between: Easterseals of SEPA and Name of Parent(s) or Legal Guardian (please print) 468 North Middletown Road Media, PA 19063-5506 Street Address/Box Number Town/City Zip Code Start Date: End Date: ____ ☐ My child will attend the 2018 Summer Session (July/August) ☐ My child will **not** attend the 2018 Summer Session (July/August) II. Child(ren) Enrolled: The parent(s)/guardian(s) agree to place the following child(ren) in the Marple Preschool Program and/or Lunch Bunch. Name (please print): III. **Enrollment Schedule** The parent(s)/guardian(s) and Easterseals agree that the Preschool Program and/or Lunch Bunch will be available for the above named child(ren) as indicated below: **Preschool Class** Check all that apply: ☐ A.M. (8:30 to 11:15 a.m.) ☐ P.M. (12:00 to 2:50 p.m.) ☐ Full Day (8:30 a.m. to 2:50 p.m., Lunch Bunch Included) ■ Monday □ Tuesday ■ Wednesday ☐ Thursday ☐ Friday **Lunch Bunch** (11:15 a.m. to 12:00 p.m.) □ Tuesday ☐ Thursday Check all that apply: ■ Monday ■ Wednesday □ Friday ☐ Flex Option/\$5.00/day (24 hour notice required, child may attend if space is available) Extended Day (7:30 to 8:30 a.m.) ■ Monday ☐ Friday Check all that apply: □ Tuesday ■ Wednesday ☐ Thursday Extended Day (2:50 to 4:30 p.m.) ■ Wednesday ☐ Thursday Check all that apply: ■ Monday □ Tuesday □ Friday

Fees and Terms:

The parent(s)/guardian(s) and Please select desired schedule	_	_	ees (10% sibling dis	scount a	vailable):	
CLASS						
☐ 5 Full Days/Week* \$640 per month	☐ 4 Full Days/We \$512 per mont		3 Full Days/Week* \$384 per month		☐ 2 Full Days/Week* \$256 per month	
☐ 5 Half Days/Week \$320 per month	☐ 4 Half Days/W \$256 per mont		3 Half Days/Week \$192 per month		☐ 2 Half Days/Week \$128 per month	
LUNCH BUNCH						
☐ 5 Days/Week \$87 per month	☐ 4 Days/Week \$70 per month		3 Days/Week \$52 per month		2 Days/Week \$35 per month	
EXTENDED DAY (7:30 to 8:	30 a.m.)					
☐ 5 Days/Week \$143 per month	☐ 4 Days/Week \$115 per mont		3 Days/Week \$86 per month		2 Days/Week \$57 per month	
EXTENDED DAY (2:50 to 4:	30 p.m.)					
☐ 5 Days/Week \$215 per month	☐ 4 Days/Week \$172 per mont		3 Days/Week \$129 per month		2 Days/Week \$86 per month	
When the child is absent from agrees to pay Easterseals for tor, provided Easterseals servi of excessive closures due to in	he days indicated in t ces are offered during	he enrollment g these period	schedule, and/or a s. See the calenda	ny addit	ional programs registered	
Tuition payments are due on o in the application of a \$10 late Program Days) will be billed scharged for each check returned up time. After two late pick—upenrollment in the program. No	fee on all payments eparately. Payments ed by the bank A late ps of more than 15 r	received after s are due with e fee of \$5 will ninutes, staff	the 15 th day. All on in 15 days of the in be charged for ever will meet with you	other fee nvoice or ry 5 min to discu	es (Flex Option and Extra date. A fee of \$25 will be utes past your child's pick iss your child's continued	
Please remit payment to:	Easterseals of Southeastern Pennsylvania 468 North Middletown Road Media, PA 19063					
This contract may be terminate month would be greatly apprec				ver, a w	ritten notice of at least one	
IV. Certification:						
The parent(s)/guardian(s) agree the information appearing in the				his agre	eement. I/We declare that	
A new agreement must be corenrolled, type of service reques				children	enrolled, number of days	
Parent/Legal Guardian Signa	ture		East	erseals	Division Director	
_		s, silv				
Date		easterse	als Date			

AGREEMENT

55 PA CODE CHAPTERS 3270.123 &.181(C); 3280.123 &.181(c); 3290.123 &.181(o)

NAME OF CHILD			· · · · · · · · · · · · · · · · · · ·	
FEE AMOUNT	PER-DAY-WEEK	IDAY	PAYMENT TO BE MADE	
\$				
Services to be provided as	part of the day care	fee (example:	; transportation, care, meals, etc.	——————————————————————————————————————
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CHILD'S ARRIVAL TIME	CHILD'S DEPARTURE TIN	AE PERSO	N(S) DESIGNATED BY PARENT TO WHOM	CHILD MAY BE RELEASED
LATE FEE				
LATE FEE	PER MIN-HR			
Extra services to be provid	led at an additional fe	e if applicable		
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I, the parent/guardian;				er anne na come a seu come anne anne e de Come a manda de la come a c
i, the parent/guardian,				
received serviced	lata			.6
3280.121, 32	piete written progra	m information	on at the time of enrollment.	(9 3270.121,
L 3200.121, 32	50.12.1)			
real agree to undo	to the emergency of		4-1 5-6	•
changes occur	ie ille emergency c	contact/paren	tal consent form information num. (§ 3270.124, 3280.124,	whenever
— Ghangea eccar	or every emiliant	s at a minum	ium. (9 3270.124, 3280.124,	3290.124)
SIGNATURE-	OPERATOR DA	ATE -	SIGNATURE-PARENT OR GUARDIAN	N DATE
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	Will and the second sec			
DATE OF CHILD'S ADMISSION			**************************************	V
			PENIODIC REVIEW	
PATE OF WITHDRAWAL				
AUTE OF MITHORYMAY				
		SIGNA	TURE-PARENT OR GUARDIAN	DATE
892A				CY 321 - 12/99
				W + NE1 - 14/33