

Kulpsville

Tuition Agreement 2018-2019

I. This agreement is by	and between:				
			and	Easterseals of Sout	heastern PA
Name of Parent(s) or Legal	se print)		1161 Forty Foot Rd., Kulpsville, PA 19443-	PO Box 333	
Street Address/Box Number	r		_		
Town/City		Zip Code	_		
Phone Number			Email ad	dress	
Start Date:		E	nd Date:		
	_ `	attend the 2019		, , ,	
	☐ My child will	not attend the 20)19 Summer Se	ssion (July/August)	
II. Child(ren) Enrolled:					
The parent(s)/guardian(s) a	gree to place the	e following child(re	en) in the Presc	hool Program and/or Lu	unch Bunch.
Name (please print):					
				DOB:	
III. Enrollment Schedule					
The parent(s)/guardian(s) a the above named child(ren)			eschool Progran	n and/or Lunch Bunch v	vill be available fo
Preschool Class					
Check all that apply:	☐ A.M. (8:30 to 11:30 a.m.) ☐ P.M. (12:30 to 3:30 p.m.) ☐ Full Day (8:30 a.m. to 3:00 p.m., Lunch Bunch Included)				
	☐ Monday	☐ Tuesday	☐ Wednesd	ay Thursday	☐ Friday
Lunch Bunch (11:30 a.m.	to 12:30 p.m.)				
Check all that apply:	□ Monday	□ Tuesday	□ Wednesd	ay 🗖 Thursday	☐ Friday
	☐ Flex Optio	n/\$6.50/day (24 h	ours notice req	uired, child may attend	if space is available
Daycare (6:00am to 8:30a	m & 3:00pm to	ا 6:00pm <u>)</u> - \$8.00	per hour		
Check all that apply:	☐ Monday	☐ Tuesday	☐ Wednesd	ay 🔲 Thursday	☐ Friday
Please indicate time of arrival and/or departure: AM			PM	AM & PM	

Fee	es and Terms:				
The	e parent(s)/guardian(s) and Easterseals agree to the following fees (10% sibling discount available):				
Ple	ase select desired schedule (*Lunch Bunch included):				
CL	<u>ASS</u>				
	5 Full Days/Week*				
	5 Half Days/Week				
When the child is absent from the Preschool Program because of illness, vacation, or for any other reason, the parent agrees to pay Easterseals for the days indicated in the enrollment schedule. See the calendar for school closings (in the event of excessive closures due to inclement weather, make-up sessions will be offered).					
Tuition is due in weekly installments on or before the 1 st of every month. Non-compliance with this payment agreement will result in the application of a \$10.00 late fee on all payments received after the 15 th day. A fee of \$25 will be charged for each check returned by the bank.					
Payments can be made in the form of cash, check or money order. Please remit payment to: Easterseals of Southeastern PA 1161 Forty Foot Road, PO Box 333 Kulpsville, PA 19443-0333					
*Payments may also now be made using your credit/debit card. VISA, MC and American Express are accepted.					
	s contract may be terminated at any time by written notice from either party. However, a written notice of at least one nth would be greatly appreciated to allow the other party to make arrangements.				
IV.	Certification:				
	e parent(s)/guardian(s) agree, without reservation, to all terms and conditions of this agreement. I/We declare that the ormation appearing in this agreement is exact and complete.				
Non-payment of fees may be cause for immediate termination without notice.					
Pai	rent/Legal Guardian Signature Easterseals Division Director				



Date

Date