



Payment Contract 2012-2013 - Elementary

Child's Name _____	Birth Date _____
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Start Date

Requested Start Date (if other than first day of school year) _____ / _____ / _____

TRIMESTER Tuition Totals for your reference:		1 day	2 days	3 days	4 days	5 days
Early Morning	8:00am-9:00am	\$114	\$228	\$342	\$456	\$570
Half Day	9:00am-12:30pm	\$399	\$798	\$1,197	\$1,596	\$1,995
Full Day	9:00am-3:00pm	\$684	\$1,368	\$2,052	\$2,736	\$3,420
Late Afternoon	3:00pm-4:00pm	\$114	\$228	\$342	\$456	\$570

Requested Schedule (you must choose a minimum of two half-days)

First Choice: (please circle the days/times)		Mon	Tue	Wed	Thur	Fri
Early Morning	8:00am-9:00am	\$114	\$114	\$114	\$114	\$114
Half Day	9:00am-12:30pm	\$399	\$399	\$399	\$399	\$399
Full Day	9:00am-3:00pm	\$684	\$684	\$684	\$684	\$684
Late Afternoon	3:00pm-4:00pm	\$114	\$114	\$114	\$114	\$114

SUBTOTAL (add all circled)	\$ _____	Director's Initials If Confirmed _____
Sibling Discount (5%)	\$ _____	
TOTAL	\$ _____	

Second Choice: (please circle the days/times)		Mon	Tue	Wed	Thur	Fri
Early Morning	8:00am-9:00am	\$114	\$114	\$114	\$114	\$114
Half Day	9:00am-12:30pm	\$399	\$399	\$399	\$399	\$399
Full Day	9:00am-3:00pm	\$684	\$684	\$684	\$684	\$684
Late Afternoon	3:00pm-4:00pm	\$114	\$114	\$114	\$114	\$114

SUBTOTAL (add all circled)	\$ _____	Director's Initials If Confirmed _____
Sibling Discount (5%)	\$ _____	
TOTAL	\$ _____	

Third Choice: (please circle the days/times)		Mon	Tue	Wed	Thur	Fri
Early Morning	8:00am-9:00am	\$114	\$114	\$114	\$114	\$114
Half Day	9:00am-12:30pm	\$399	\$399	\$399	\$399	\$399
Full Day	9:00am-3:00pm	\$684	\$684	\$684	\$684	\$684
Late Afternoon	3:00pm-4:00pm	\$114	\$114	\$114	\$114	\$114

SUBTOTAL (add all circled)	\$ _____	Director's Initials If Confirmed _____
Sibling Discount (5%)	\$ _____	
TOTAL	\$ _____	

Tuition & Fee Information

For returning families, the Registration Fee is \$165/child and is not included in the tuition fees above.
 For returning families, the Registration Fee is your Reservation Deposit.
 For new families, the Registration Fee is \$190/child and is not included in the tuition fees above.
 For each family, there is a one-time \$200 Parent Education Fee that is not included above.
 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, and are **non-refundable**.
 The remainder of the first trimester's tuition is due by April 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. There are no refunds.
 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 (April 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