



Tuition Agreement 2020-2021

Child's Name _____ Date of Birth _____

Mother's Name _____ Father's Name _____

Payment for my child/children's program is due on the first business day of each month, as specified in the current rate schedule. Tuition is payable according to the tuition schedule whether or not my child/children attends. If tuition and/or fees are not paid by the 5th of each month, then I understand that I will be charged a late charge fee of \$20 to my account. **(parent initials)** _____

Monthly Tuition Amount \$ _____ Non-Refundable Registration Fee \$ _____

Non-Refundable Curriculum Fee \$ _____

In the event of a NSF check return, a \$35 NSF check penalty will be added to my account. If Temple Christian Learning Center receives three or more NSF check notices in a one-year period, your enrollment may be terminated. **(parent initials)** _____

TCLC is open Monday through Friday from 6:45 am to 6:30 pm. TCLC is only licensed by the Texas Department of Family and Protective Services to care for children during these specified times. If I am late picking up my child/children, a \$25 late penalty will be charged to my account. Late penalties must be paid to TCLC before the child/children can return to care. Regular attendance is imperative to your child/children's education. If your child/children will be absent, you agree to notify TCLC by 8:30 am each day. **(parent initials)** _____

During summer months and holiday times, an activity fee may be charged. Activity fees are for additional activities outside our normal planned curriculum. Parents will be notified two weeks in advanced of additional activity fees. **(parent initials)** _____

TCLC chooses not to get involved in custody disputes. In the event a court order is on file, TCLC will not acknowledge which party is responsible for payment of tuition fees. These arrangements must be coordinated between the two parents. Late fees and withdrawal guidelines will still apply regardless of which parent is responsible for tuition fees. **(parent initials)** _____

In the event I choose to end my relationship with TCLC and withdraw my child/children, a two-week notice will be given in writing. **(parent initials)** _____ **Over**

On the days that the children are not in school, (school age children) a \$30 per day in-service fee will be charged. **(parent initials)**_____

Parent Signature

Date

Director Signature

Date