

## Tuition Payment Agreement for Pre K 2 2020-2021 School Year

(Office Use Only)

Reg. fee amt. \_\_\_\_\_

Ck. # \_\_\_\_\_

CC \_\_\_\_\_

Child's Name \_\_\_\_\_

**Preschool Morning Program 8:30-12:00** (Follows the SDHC Holiday Calendar)

<b>Check one:</b>	<input type="checkbox"/> Tues/Thurs	(\$150/mo)
	<input type="checkbox"/> Mon./Wed./Fri.	(\$215/mo)
	<input type="checkbox"/> Mon.-Fri.	(\$340/mo)

**Preschool Morning Program plus Extended Care**

<b>Check one:</b>		
<b>Times</b>	<b>3 Days per week</b>	<b>5 Days per week</b>
<b>6:30-12:00</b>	<input type="checkbox"/> \$270/mo	<input type="checkbox"/> \$430/mo
<b>8:30-3:00</b>	<input type="checkbox"/> \$290/mo	<input type="checkbox"/> \$468/mo
<b>6:30-3:00</b>	<input type="checkbox"/> \$345/mo	<input type="checkbox"/> \$560/mo
<b>8:30-6:00</b>	<input type="checkbox"/> \$370/mo	<input type="checkbox"/> \$600/mo
<b>6:30-6:00</b>	<input type="checkbox"/> \$425/mo	<input type="checkbox"/> \$690/mo

1. I will abide by all policies as stated in the First Baptist Learning Center Parent Handbook  
Yes \_\_\_\_\_ No \_\_\_\_\_
2. I agree that tuition/daycare payments will be made on time (see #3).  
Yes \_\_\_\_\_ No \_\_\_\_\_
3. I choose to pay: (Check one)  
☐ Yearly (Calculate yearly total by multiplying amount above by 10 months. Due on or before your child's first day of preschool)-**Registration fee will be waived.**  
☐ Monthly (Due on your child's first school day of each month)-**A \$10 late fee will be applied when tuition is 10 days past due.**
4. I understand that First Baptist Learning Center is a nonprofit organization that relies completely on tuition to pay operating expenses. If tuition/daycare payments cannot be made because of an emergency situation in my family, I must inform the Director and/or Office Assistant immediately so that a plan can be agreed upon to resolve tuition payments.  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. I understand that nonpayment of tuition over 30 days may result in the dismissal of my child from the preschool/daycare program.  
Yes \_\_\_\_\_ No \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
Parent or Legal Guardian

**Payment Methods-** First Baptist Church Plant City app. on your smart device  
Debit or Credit at kiosk in Learning Center office  
Check or money order payable to: FBLC