**Tuition Rates : EFFECTIVE September 1, 2023**

Families will be billed on a monthly basis, with a flat tuition of a 5 day rate. If families are contracted for only 4 days, their tuition will be 80% of the 5 day rate, 60% for 3 days, and 40% for 2 days.

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|  | 5 Day | 4 Day | 3 Day | 2 Day | Extra Day Drop In |
| Roly Poly Infant (6 Weeks-2 Years Old) | $1,280.00 | $1,024.00 | $768.00 | $512.00 | $64.00 |
| Wiggle Fly (Not Potty Trained and 2-3 year olds) | $1,005.00 | $804.00 | $603.00 | $402.00 | $57.00 |
| Wiggle Fly (Potty Trained **and** 3-4 year olds) | $925.00 | $740.00 | $555.00 | $370.00 | $50.00 |
| Bee Hive (Full Days 4-5 year olds) | $885.00 | $708.00 | $531.00 | $354.00 | $50.00 |
| Bee Hive (Half Days 8AM-12PM or 11AM-3PM Using School Pre-K 4-5 year olds) | $445.00 | $356.00 | $305.00 | $178.00 | $35.00 |
| After School (5-12 year olds during School Year) | $260.00 | $208.00 | $156.00 | $104.00 | $15.00 |
| After School (5-12 year olds during Summer) | $850.00 | $680.00 | $510.00 | $340.00 | $47.00 |

**Tuition Operating Procedure/Contract**

**9/01/2023 (revised)**

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| Trinity Lutheran Child Care Center (the “Center”) strives to provide the best possible care for your child.  With this in mind, this Tuition Policy/Contract was designed to be fair to families in our care while meeting the needs of the Center. **Due Date**We bill out tuition on a monthly basis.  We bill on the 1st of the month. Due date will be the 10th . We will offer a 3% discount when paid in full by the 5th of each month. Payments received after the 10th will be assessed a late fee of $25. **If an overdue amount of $300.00 carries over to the following month, you will lose childcare until the overdue amount is paid.****Automatic Tuition Payments:**Automatic payments by Tuition Express through the Center’s Procare System is the preferred method of payment to the Center. Checking, savings, debit\*, or credit\* cards are accepted and an annual fee of $5 will be charged for this service. \*Debit & Credit cards are charged additional convenience fees of 3% per use.**2nd Child Discount:**A 10%discount will be offered to families with 2 or more children in our care. We will bill your youngest child at the full rate and additional children at the discounted rate. The discount only applies to scheduled days. Drop-in care will be charged at the regular extra day rate, regardless of the child's age. **Two Week Notice:**A two week written notice is required for any schedule changes or for discontinued care. If notice is not given, we will bill you for those two weeks of contracted care.**Program Fees:**A one time, non-refundable registration fee of $25 is billed at the initiation of any child care services at the Center. For children age 2 and older, an annual $50 per-child art activity fee will be billed each September.  An additional $50 summer activity fee for children age 2 & older will be billed each June for children participating in the Center’s summer program. These fees will be charged for each child enrolled in the Center’s summer care program.**Late Pick-Up Fee:**A late fee will be charged to any family that does not pick up their child by 5:35pm. A flat $20 will be charged for the first 10 minutes and an additional $1.00 per minute after 5:45pm.**Tax Statements:**The center will provide tax statements by the end of January for the previous year. These will be emailed out to families. Please provide a current email to the Center. Paper copies may be provided upon request.**NSF Payments:**We charge a$25.00 return check fee on any returned Check or Automatic Payment.**State Assistance/Best Beginnings Scholarships****State assisted families will be responsible for any amount over what the state does not pay and will be billed accordingly in addition to the co-payment amount.**  Co-payments will be due prior to new families starting and then due by the 10th of each following month. |

**Active Church Member Benefit**

Trinity Lutheran Church members will receive the active member\* discounted rate. \*Active members must attend a minimum of two Sundays per month and fill out an attendance card each Sunday attended.

I/We have read, understand and agree to the above tuition policy/contract. I further understand that I am financially responsible for balances incurred for child care. If I should default on payment of my account and collection agency services are required, all costs of collections, up to 45% of the balance, including attorney/court costs will be added to the balance of my account.

Child’s Name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Social Security Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*In lieu of SSN, a state issued Driver’s License # may be used. If out of state, please list the state as well.