

SCHOOL-AGE TUITION AGREEMENT

**The following tuition agreement will determine your weekly tuition payment. The same weekly tuition payment is always made unless vacation time (refer to Parent Handbook) is being used. Tuition is to be paid in advance of attendance. FEES ARE SUBJECT TO CHANGE.

**There is a 2-day minimum attendance for all schedules.

REGISTRATION FEE (non-refundable)	\$125.00/1 st child
	\$75.00/each additional child
SUPPLY FEE (Paid yearly each Jan 1, prorated)	\$75.00/child
SUMMER ACTIVITY FEE (paid at the start of summer program)	\$120.00/child
SCHOOL YEAR ACTIVITY FEE (paid at the start of fall program)	\$60.00/child

SCHOOL YEAR – BEFORE AND AFTER SCHOOL CARE (K-10 YEARS)

BEFORE & AFTER SCHOOL	ONLY AFTER SCHOOL
5 days = \$130.00	5 days = \$110.00
4 days = \$120.00	4 days = \$100.00
3 days = \$108.00	3 days = \$90.00
2 days = \$90.00	2 days = \$80.00

** No school or in-service days additional cost per day is \$35.00/child.

** K-10 years require cold sack lunches on all no school days (hot lunch option = \$6.00 charge)

** School delay days-AM care provided ONLY for those enrolled in before school care.

SUMMER PROGRAM

FULL-TIME (5 days, up to 10 hours/day)	\$225.00/week
DAILY (Less than 5 days at 4-10 hours/day)	\$53.00/day

Posted per trip

** All children entering Kindergarten or older require a cold sack lunch for summer program.

** Activity fee covers cost of all field trip admissions, bus fees, in-house special events.

** Maximum tuition charge is \$225.00 for full week per child.

** After Center closes at 5:30pm, \$5.00 is charged for 1st 5 min., \$10.00 is charged for each additional 5 min.

ATTENDANCE	MON	TUES	WED	THURS	FRI
ARRIVAL	_____	_____	_____	_____	_____
DEPARTURE	_____	_____	_____	_____	_____
Weekly Rate:					\$ _____
Weekly Rate (inc. mult. Child discount):					\$ _____
Total Weekly Tuition Payment in ADVANCE:					\$ _____

***I have received and agree to the above Tuition Agreement and the Parent Handbook.

Starting Date _____ Child's Name _____ Birthdate _____

MEDIA PERMISSION

Y / N - My child can watch PG rated movies. Parents will be made aware prior to viewing.

Y / N - I allow my child to be video-taped & photographed for special events at GBH and shared with other GBH families.

Y / N - I allow my child's photo to be taken at GBH and used in social media.

EX. Website & Facebook page.

Today's Date _____ Parent Sig _____

Reg. Fee _____ Supply Fee _____ Parent Phone _____

School Name _____

(OVER)