

Financial Agreement

Date of Enrollment: _____

Financially-Responsible Party

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Best Contact Number: _____

Best Email Address: _____

1st Child Information

Child's Name: _____

Nickname: _____ Date of Birth: _____

Schedule (please circle days): M T W TH F

Hours: _____

Monthly Tuition: _____

2nd Child Information

Child's Name: _____

Nickname: _____ Date of Birth: _____

Schedule (please circle days): M T W TH F

Hours: _____

Monthly Tuition: _____

3rd Child Information

Child's Name: _____

Nickname: _____ Date of Birth: _____

Schedule (please circle days): M T W TH F

Hours: _____

Monthly Tuition: _____

Discounts

L.A.S.E.R. Before and After care offers the following discounts for those who qualify (one discount per family). Please check up to one discount, if applicable:

- Active Duty Military (10% off total tuition)
- First Responders (10% off total tuition)
- Teacher (10% off total tuition)
- Siblings (10% off oldest child)

Total Family Tuition

Subtotal Monthly Tuition: _____

Discount (if applicable): _____

Total Monthly Tuition: _____

Annual Registration Fee: _____

Financial Agreement

Please initial by each

_____ Tuition is due the 1st day of the month for that month.. A \$25 late fee will be added to your account for any payments made after the 5th of the month.. If payment is not made by the 15th of the month, your account will be suspended until it is current. CHILD(REN) MAY NOT ATTEND UNTIL ACCOUNT IS CURRENT.

_____ Holidays and sick days are included in tuition.

_____ Registration fees are subject to change and are due annually.

_____ L.A.S.E.R. Before and After care requires 2 weeks written notice if you withdraw for any reason.

_____ Limit one (1) discount per family

Parent/Guardian Signatures:

_____ Date: _____

Print Name: _____

_____ Date: _____

Print Name: _____