

*** PARENTS/GUARDIANS ARE RESPONSIBLE TO READ THIS NOTICE REGARDING OUR FINANCIAL POLICY. SIGNING BELOW WILL HOLD YOU RESPONSIBLE TO TLC'S FINANCIAL POLICY. FAILURE TO SIGN FORFEITS YOUR RIGHT TO ATTEND TLC***

Trinity Learning Center
Financial Agreement Form 2020-2021
Preschool

- Tuition is due by Friday for the following week
- Your child will not be able to attend TLC unless tuition is kept up to date. This means if tuition is not paid your child will not be able to attend until your balance is current. You will then receive a “No Entry” notice stating that you are not permitted to return until tuition is paid.
- TLC charges \$35.00 for any returned check
- TLC will charge a late payment fee of \$25.00 if tuition is not paid by the following Monday (tuition is due by Friday)
- No credit will be given for absences (this includes sick days) and 1 week notice, IN WRITING, must be given for vacation credit. Vacation request forms are located downstairs by the tuition box outside of the office.
- No switching of days unless it is a permanent change and approved by the Director or Assistant Director. Staff can not approve schedule changes. If you tell them, it is not an approval for your request. You MUST get approval from the Director or Assistant Director.
- There will be a \$15 fee for shortened days and a \$50 fee for days your child attends when the school is closed (unless you already pay the FULL day rate). You must sign your child up to attend. If you sign them up you will be responsible to pay the fee even if they don't attend.
- Preschool has a yearly activity fee of \$140.00 for special activities and events. You may choose to pay this in one lump sum or 4 installments of \$35.00 each due the 15th of each month beginning in September and ending in December. Enrollments later in the year will be prorated.

Parent's Name:

Child/Children's Name:

I will pay the Activity Fee in:

_____ one lump sum by September 15th
_____ 4 installments (Sept., Oct., Nov., Dec.)

My child will be attending TLC on the following days:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Partial Day (8:00am-12:30pm or 11:30am-4:00)

OR

Full Day (any amount of time @ TLC totaling more than 4 ½ hours)

Please indicate (B) Before school care (A) After school care (A/B) Before and After

My weekly tuition will be: _____

By signing below I am acknowledging that I have read and agree to the aforementioned tuition policies.

Parent's Signature

Date

Administrator's Signature

Date