

The Jr Explorer Club Before and After School Care Program

TUITION AGREEMENT 2016-2017

CHILD'S NAME _____ School _____

My Child is registered with the Jr Explorer Club for the 2016-2017 school years. I agree to the following policies regarding tuition payment:

Tuition is billed monthly. Notices are sent out on the 23rd of each month to be paid by the 1st please.

If tuition is not paid by 9 am on the 1st of each month your child will not be put on the pick- up schedule until tuition is paid. Initials _____ date _____

Tuition is not adjusted for absences/leaves of any kind. Separate payment is due for extra day care (i.e.. teacher grading days, federal holidays winter & spring break). Being a member of the JEC you have first right for care. You will be emailed or texted prior to the date of care needed and asked if you want the care. If you want the care, you will be invoiced. Your spot is only guaranteed when you have paid by the registration date for members. Once the date has passed your spot goes in to a public pool for non-members.

If tuition is not received by the 7th of the month, a \$15.00 late fee per day will be assessed and immediate suspension from the club will occur. Failure to comply can result in permanent dismissal from the program.

Please make sure you pick your child up at 6 pm sharp or a \$25 late fee will be assessed per 15 minutes and thereafter... Initials _____ date _____

I will notify the Jr Explorer Club 2 weeks in advance of withdrawing my child.

I have read and fully understand the policies stated in the Jr Explorer Club tuition agreement.

I agree to comply with all policies. I understand that my tuition rate is:

___AM kindergarten - 8am -12pm - \$360/month

___PM Kindergarten – 11:05am -2:50pm - \$360/month

___AM kindergarten w/ after school care up until 6 pm - \$740/month

___PM Kindergarten w/ after school care up until 6 pm - \$740/month

___After school care (full time) - \$90/week _____ Part Time (2-3 days) - \$300/month

___Occasional Card (10 punch card) - \$250

Siblings will receive a 10% discount

SIGNATURE _____ (Person responsible for payment.) Date _____