

Aley Child Development Center

4143 Kemp Rd, Beavercreek, Ohio 45431
Phone: (937) 426-0830 Fax: (937) 431-1410

Enrollment Agreement 2011-12 School Year

Child's Name: _____

Family's 4-Digit Pin # _____

Annual Registration Fee:
(non-refundable)

_____ \$15.00 per Aley Church Family

_____ \$30.00 per Family

Semi-Annual Supply Fee:

(non-refundable; due upon child's initial start date)

_____ \$10.00 per child (per session)

Available Programs: (Circle One)

Toddler & Preschool Children (18 months-5 years)

	<u>Preschool and Full Day Care</u> (6:30 a.m.-6:00 p.m.)	<u>Preschool with Lunch</u> (8:30 a.m.-12:30 p.m.)	<u>Preschool Only</u> (8:30 a.m.-11:30 a.m.)
Monday-Friday	\$170.00	\$115.00	\$100.00
4 days a week	\$136.00	\$ 92.00	\$ 80.00
3 days a week	\$102.00	\$ 69.00	\$ 60.00
2 days a week	\$ 68.00	\$ 46.00	\$ 40.00

*Children in Full Day Care and not yet
Potty Trained will be charged an additional \$2.00/day.

School Age Children (eligible for kindergarten-fifth grade)

	<u>Beavercreek Kindergarten</u>	<u>After-School Care (1st-5th grade)</u>
Monday-Friday	\$135.00	\$ 95.00
4 days a week	\$108.00	\$ 76.00
3 days a week	\$ 81.00	\$ 57.00
2 days a week	\$ 54.00	\$ 38.00

Payment Options: Tuition is due in advance. I will make my tuition payments by:

_____ **Weekly**

_____ **Rapid Tuition (monthly only)**

Tuition fees are charged everyday that your child is registered to attend. Credit is not given for days that the child has missed. Swapping days is not allowed. Tuition fees will not be charged on days the Center is closed. Late payment will result in a late fee as indicated in the parent handbook. Non-payment for three weeks will result in dismissal of your child from the Center. Reinstatement will be made only upon full payment of all tuition and late fees. Tuition payments are non-refundable. One week written notice prior to your child's withdrawal is required along with that weekly payment. A late fee will be charged when picking your child up after 6:00 p.m. as indicated in the parent handbook.

Attendance: My child will attend...

_____ **Monday** _____ **Tuesday** _____ **Wednesday** _____ **Thursday** _____ **Friday**

I agree to abide by these policies stated within the Enrollment Agreement as written above.

X

(Signature)

(Date)

(Current Email Address)

(CDC Director Signature)

(Date)