Good Shepherd ELC Financial Agreement



PURPOSE OF AGREEMENT

This form serves to confirm the financial understanding between Good Shepherd Early Learning Center and the student's parent(s)/legal guardian, as it relates to the payment expectations while enrolled at our center.

STUDENT INFORMATION								
First Name	Middle I.	Last Name		Gender	DOB			
				Male				
				Female				
What Will Be the Student's First D	ate of Attendance	Level of Enrollment						
		Full-Time	Part-Time 4d/	wk Pa	rt-Time 3d/wk			
Weekly Tuition Rate for Current	: Age Group	Chosen Payment Frequency						
		Weekly Bi-Weekly		Мо	Monthly			
Parent (s) / Guardian (s) Information								
PARENT 1 NAME (First a	nd Last)	ast) Relationship to Participant		Custodial Parent?				
PARENT 2 NAME (First a	nd Last)	Relationship to Participant		Custodi	Custodial Parent?			

- > An ANNUAL Registration Fee of \$150.00 is charged annually during the month in which your child was first enrolled
- > Weekly and Bi-Weekly Tuition Payments are due and processed Monday mornings.
- > Monthly Tuition Payments are due and processed the first business day of each month.
- > Additional fees will be charged for late pickups, late payments, declined credit card or rejected ACH transactions
- > Tuition Payments are not pro-rated for non-attendance, holiday, weather or other emergency/safety closures.
- Two Weeks Notice is Required when withdrawing from the center. Failure to provide sufficient notice will result in a "Withdraw Charge" equaling two weeks Tuition.

ACKNOWLEDGEMENT I hereby acknowledge that I have read all of the provisions of this **Financial Agreement** and I fully understand the terms and conditions expressed therein and agree to be bound by such terms and conditions.

(Legal Parent/Guardian 1's Signature:	Date:	
	Legal Parent/Guardian 2's Signature:	Date:	
	(only one signature required)		