

## LEXINGTON KIDS CHRISTIAN CHILD CARE TUITION AGREEMENT AND SCHEDULE FORM

| Child's Name                            |                             |  |                               |
|---|-----------------------------|--|-------------------------------|
| Parent/Guardian                         | n's Name                    |  |                               |
| Address                                 |                             |  |                               |
|   |                             | (city, state)  | (zip code)                    |
| Parent Social Se                        | ecurity                     |  |                               |
| Home Phone                              |                             | Work Phone   |                               |
| Your weekly tuiti                       |                             | al weekly tuition for the schedule indicated below with any adjustments to your indicated schedule.      |                               |
|   |                             | e week attending. Lexington Kids accepts check, amilies who pay by direct debit ACH.                     | money order, or direct debit  |
|   |                             | ot paid in full by Friday prior to the week of attendateserve the right to terminate service.            | ance will result in a \$25.00 |
| All checks return                       | ned from the bank will inc  | cur a \$30.00 fee.   |                               |
| All tuition is subj                     | ect to change with writte   | n notice.  |                               |
| Receipts are giv                        | en upon request. Year-e     | end receipts for tax purposes or any other time wi   | Il be issued upon request.    |
| A written 30-day<br>for all tuition dur |                             | our child from our program is required. The pare   | nt/guardian is responsible    |
| Any unpaid bala                         | nces will be sent to colle  | ctions. You will be responsible for all collection fe  | 9 <b>e</b> S.                 |
| late fee of \$1.00                      | per minute will be charg    | AM to 6:00PM Monday through Friday with the ex<br>ged for any child picked up after 6:00PM.              | ception of "closed days". A   |
| Repeated late p                         | ick-up or failure to pay te | ees may result in termination of services.   |                               |
|   |                             | fter 9:00AM that you call the center to inform us t<br>I unless prior permission requested from administ |                               |
| Although your ch<br>schedule.           | hild may arrive and depa    | rt at any time during the center's business hours,   | please indicate your usual    |
| Monday                                  | arrive                      | depart   |                               |
| Tuesday                                 | arrive                      |  |                               |
| Wednesday                               | arrive                      | depart   |                               |
| Thursday                                | arrive                      | depart   |                               |
| Friday                                  | arrive                      | depart   |                               |
| I have read, com                        | npleted, and understand     | the Tuition Agreement and Schedule Form as sta   | ated above.                   |
| Parent/Guardia                          | n Signature:                | Date:  |                               |