



Sacred Heart Early Childhood Center

32245 St. Joe Road, Dade City, FL 33525 Telephone 352-588-4060, Fax 352-588-4871
Children Are Our Ministry - Infants to 12 years
License#C06PA0062 www.sacredheartecc.com e-mail director@sacredheartecc.com

2018 Summer Tuition Contractual Agreement

This Agreement is made by and between Sacred Heart Early Childhood Center and _____,
parent/guardian of _____. The following has been agreed upon between the two parties:

Tuition Payment Procedures:

Family Rates: Discount applies for non-subsidized families with two or more siblings.
Other children in the home attending SHECC. _____

Payment Policy: Weekly payments are due on Monday for the week in advance. Finance charges will be assessed for any payment made after Monday.

Registration fee: Full time annual registration is \$75.00.
Summer only registration is \$40.00.

Please initial beside each statement below indicating that you understand and agree to follow the policies stated.

Prearranged extended care hours are from 5:30 p.m. until 6:00 p.m. at an additional cost of \$10.00 weekly. (No discounts apply.) All children must be picked up by 6:00 p.m. A late fee of \$3.00 per child, per five minutes applies to children picked up after 5:30 p.m. and who are not registered in the prearranged extended care hours. After 6:00 p.m., a late fee of \$10.00 per child, per five minutes applies.
_____ (parent or guardian initials)

I have read and agree to the full contents of the SHECC Parent Handbook. I understand that disregarding these policies can result in termination from child care enrollment.
_____ (parent or guardian initials)

I understand that this agreement shall be in effect until which time parent/guardian or SHECC has given termination notice in accordance to the Parent Handbook policy, or upon the end of the summer.
_____ (parent or guardian initials)

Full tuition payments are due throughout the summer, regardless of absences, due to but not limited to, illness, holiday, or weather closing. SHECC will accommodate families who need to take time off by only charging for the weeks that you child is scheduled to be here. Schedule contract is on the reverse side of this Tuition Contract Agreement. A two (2) week notice must be provided to the Business Manager in writing of any date changes.
_____ (parent or guardian initials)

I understand that this tuition contract agreement applies only to those children who have completed Kindergarten through children 12 years of age, and applies from May 29, 2018 through August 10, 2018.
_____ (parent or guardian initials)

2018 Summer Tuition Rates

My child _____, DOB _____, will attend SHECC during the 2018 Summer Program.

SUMMER	WEEKLY
5 DAYS	\$140.00
4 DAYS	117.00
3 DAYS	97.00
2 DAYS	70.00
1 DAY	45.00

* Family/Parishioner rates/discounts apply.

My child will attend 5 days per week _____ or the following days M T W Th F. \$_____ weekly.

Please initial on the appropriate line beside each week.

	Will Attend	Will NOT Attend
May 29-June 1	_____	_____
June 4-8	_____	_____
June 11-15	_____	_____
June 18-22	_____	_____
June 25-29	_____	_____
July 2-6	_____	_____
July 9-13	_____	_____
July 16-20	_____	_____
July 23-27	_____	_____
July 30-Aug. 3	_____	_____
August 6-10	_____	_____

I have read the contractual agreement regarding tuition payment procedures and hereby agree to abide by them. I understand that a two (2) weeks notice is required when withdrawing my child/ren. All tuition is to be paid in full by the last day of care. Signature of both parents is required.

Parent or Guardian (Signature)

Parent or Guardian (Signature)

Date

Parent or Guardian (Printed Name)

Parent or Guardian (Printed Name)

Address

Address

Email Address and Phone Number

Email Address and Phone Number

Fr. Krzysztof Gardowicz

Pastor- Rev. Krzysztof Gardowicz

Lucinda O'Quinn

Director- Lucinda O'Quinn