



**TUITION AGREEMENT FORM**

Parent Name: \_\_\_\_\_  
*(print clearly)*

Child Name: \_\_\_\_\_

**Students Enrolling:**

Child's Name	Monthly Amount	Class

**Other Fees:**

Annual Registration Fee	
Additional Costs (Before/After Care, etc.)	
MINUS Discount Rate <i>(if applicable)</i>	-
Tuition Rate Balance	
Tuition Monthly Rate	

**Preferred Payment Method (Circle One):**

Debit Card                      Check                      Cash

*If applicable,*

**Installment Plan Agreement:** \_\_\_\_\_paid every\_\_\_\_\_weeks/month/ year

*Payment plans will not exceed ten installments and will conclude no later than 30 calendar days after the final day of the session in which the tuition cost was incurred. Payment amounts and due dates found on the reverse of this page.*

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Installment Plan Payment Schedule, *if needed*

Payment #	Payment Amount	Due Date	Balance
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			