



# Sacred Heart Early Childhood Center

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Children Are Our Ministry - Infants to 12 years

License#C06PA0062

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## 2019 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 is applicable from May 30, 2019 through August 9, 2019 to those children who have completed Kindergarten through children 12 years of age. This agreement is applicable from July 1, 2019 through August 9, 2019 for SHECC children who have completed our VPK program.

\_\_\_\_\_ (parent or guardian initials)

**2019 Summer Tuition Rates**

My child \_\_\_\_\_, DOB \_\_\_\_\_, will attend SHECC during the 2019 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 30-31      | _____       | _____           |
| June 3-7       | _____       | _____           |
| June 10-14     | _____       | _____           |
| June 17-21     | _____       | _____           |
| June 24-28     | _____       | _____           |
| July 1-5       | _____       | _____           |
| July 8-12      | _____       | _____           |
| July 15-19     | _____       | _____           |
| July 22-26     | _____       | _____           |
| July 29-Aug. 2 | _____       | _____           |
| August 5-9     | _____       | _____           |

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.

|                                            |                                            |               |
|--------------------------------------------|--------------------------------------------|---------------|
| _____<br>Parent or Guardian (Signature)    | _____<br>Parent or Guardian (Signature)    | _____<br>Date |
| _____<br>Parent or Guardian (Printed Name) | _____<br>Parent or Guardian (Printed Name) |               |
| _____<br>Address                           | _____<br>Address                           |               |
| _____<br>Email Address and Phone Number    | _____<br>Email Address and Phone Number    |               |

*[Signature]*  
 Pastor- Rev. Krzysztof Gazdowicz

*[Signature]*  
 Director- Lucinda O'Quinn