



Tuition and Fee Agreement (effective 6.1.2020) Emergency Care due to COVID-19

Late fee (if tuition is received after Monday of the week your child is attending) \$30
 Returned check fee \$30
 Late pick-up fee \$2/minute/child

Weekly Schedule

Please indicate below which weeks you need care.

Week of Care	Check Mark	Please circle your requested days.				
June 1 st , 2020-June 5 th , 2020		M	Tu	W	Th	F
June 8 th , 2020-June 11 th , 2020		M	Tu	W	Th	
June 15 th , 2020-June 19 th , 2020		M	Tu	W	Th	F
June 22 nd , 2020- June 26 th , 2020		M	Tu	W	Th	F
June 29 th , 2020- July 2 nd , 2020		M	Tu	W	Th	

Weekly Rates

Please complete the chart below for your child(ren).

Age Group	Days/Week	Weekly Rate	Child's Name	Child's DOB
Infants-Young Toddlers (6 wks-23 months)	2 days/week	\$112.00		
	3 days/week	\$168.00		
	4 days/week	\$224.00		
	5 days/week	\$280.00		
Older Toddlers (24 months-35 months)	2 days/week	\$104.00		
	3 days/week	\$156.00		
	4 days/week	\$208.00		
	5 days/week	\$260.00		
Preschool-School Age (3 years-11 years)	2 days/week	\$88.00		
	3 days/week	\$132.00		
	4 days/week	\$176.00		
	5 days/week	\$220.00		
Weekly Tuition Total		\$		

I, _____, understand that all tuition is due the Monday of the week of care. My weekly tuition is rated at \$ _____. I understand and agree to the policies and procedures provided by Discovery Zone. I also understand that I am fully responsible for the terms of this agreement.

Parent/ Guardian signature

Date

Office use only

Date received _____

Initials _____

Date of data input _____

Initials _____