First Beginnings Child Development Center

First United Methodist Church Head of Texas St. P.O. Box 1567
Shreveport, La. 71165-1567
Phone: 318 429-6890 Voice Mail: 318 347-8571 Fax: 318 429-6894

September 2012 – August 2013

REGISTRATION AND TUITION AGREEMENT

It is our hope as the staff of First Beginnings to provide for your child the very best in a preschool experience cognitively, emotionally, spiritually, and socially. First Beginnings makes plans and commitments based upon tuition commitments. It is in this spirit that this agreement is entered into between First Beginnings

And_____
Parent's Name Address

_____
City, State Zip Home Phone Work Cell

_____
Father's Drivers License Number Social Security Number

_____
Mother's Drivers License Number Social Security Number

On behalf of _____for enrollment in the 2012-2013 school year.
Child's Name Date of Birth

Estimated date of birth (if applicable) _____

*_____Reasons for withdrawal/cancellation of the tuition agreement include moving out of town, health, or joint determination between the Director and Parents that First Beginnings does not meet the child's needs.

*_____If a child has to withdraw for any reason:
~The Parents are responsible for the fulfillment of the tuition agreement unless and until the position vacated can be filled by another child.
~A 30 day written notice of the withdrawal must be submitted to the director and balances paid in full, including the 30 day notice period, at time of withdrawal.

*_____I understand:
~The tuition is due regardless of my child's attendance.
~Insufficient funds charge is $18.50
~There is a late pick up charge of $5.00 per minute after 5:30

The obligation of First Beginnings is to furnish the physical plant and personnel to make available schooling or instruction to the student commensurate with his/her developmental level. The specific dates of operation are set at the discretion of First Beginnings.

For prospective enrollment: Estimated date of enrollment _____

Are you a member of First United Methodist Church? _____Yes _____No
Church affiliation: _____

	Full Time 5 days 7:30-5:30 Monthly	Half Time 5 days ** 7:30-3:00 Monthly	Part Time 3 days 7:30-5:30 Monthly
Infant – Toddler 1	$550.00	N/A	N/A
Toddler 2	$500.00	$475.00	$450.00
Preschool - Pre-K (4yr olds)	$500.00	$475.00	N/A

INITIAL ONE OF THE TWO PAYMENT OPTIONS BELOW:

Payment Option #1:
_____I, the undersigned, authorize First Beginnings to debit my checking account as indicated on the **Electronic Funds Transfer** Authorization Form to pay the regular childcare tuition fees which are due and payable in the amount of $_____per month. I understand an additional $5.00 monthly electronic processing fee with be due in addition to the regular tuition fee.

_____ _____
Signature Date

Payment Option #2:
_____I the undersigned plan to pay the **monthly tuition by check**, in the amount of $_____per month. I decline the option to enroll in the Electronic Funds Transfer form of payment

_____ _____
Signature Date

Annual registration fee of $150.00 must accompany this form in order to guarantee a place for your child.
This registration fee is non-refundable.

Receipt of this registration fee is acknowledged and this agreement is accepted.

_____ _____
Charlotte Rogers, Director Date

* *Late fee will apply for Half Time students after 3:00 pm unless prior notification is given to office personnel.