

WEEKLY TUITION FORM HAPPY TIMES DAY CARE

Student's Name _____

Circle Days

Week of _____ Child Attends M T W TH F Total _____

**TUITION PAYMENTS ARE DUE WEEKLY, THE FRIDAY BEFORE YOUR CHILD IS TO ATTEND.
A \$10.00 LATE FEE WILL BE ADDED IF PAYMENTS ARE NOT RECEIVED BY 6 PM THE FRIDAY
BEFORE THE WEEK YOUR CHILD IS ATTENDING. AFTER THE SECOND WEEK, YOUR CHILD
CAN NO LONGER ATTEND THE PROGRAM UNLESS PAYMENTS AND LATE FEES ARE CURRENT.**

The center closes at **6 PM**. There will be a **\$10.00 late fee** for every 15 minutes after 6:00 PM that you are late to pick up your child.

WEEKLY RATE:

1 Child	\$ 150.00	x _____	week =	\$ _____
2 Children	\$ 240.00	x _____	week =	\$ _____
3 Children	\$ 330.00	x _____	week =	\$ _____

DAILY RATE:

1 Child	\$ 36.00	x _____	days =	\$ _____
2 Children	\$ 59.00	x _____	days =	\$ _____
3 Children	\$ 82.00	x _____	days =	\$ _____

HALF DAY RATE (7:00AM - 12:30PM or 12:30PM - 6:00PM)

\$22.50 per child x _____ day(s) = \$ _____

TOTAL DUE \$ _____ **CHECK #** _____

LATE FEE
(if applicable) _____

TOTAL PAID _____