

New Hope Early Learning

2019-20 Child's Name: _____

120 N. Knights Ave. Brandon, FL 33510 (813) 689-9482

License # CHC 110146

Before Care Rates

Cost Per Month

Number of Days per Week

	1	2	3	4	5
7:00 - 9:00	\$25	\$50	\$75	\$100	\$120

Day choice:

Monday	Tuesday	Wed.	Thurs.	Friday
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After Care Rates

Cost Per Month

Number of Days per Week

	1	2	3	4	5
2 pm pick up	\$25	\$45	\$65	\$85	\$105
4 pm pick up	\$65	\$125	\$185	\$245	\$305

___ 2 PM ___ 4 PM

Day choice:

Monday	Tuesday	Wed.	Thurs.	Friday
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Tuition

Days T, TH M,W,F M,W,F

	Due	2's/2day	2's/3day	3's/3day	3's/5 day	Kindergarten
Registration Fee	At Reg.	100	100	100	100	100
Supply Fee	1-Aug	150	150	150	150	150
Aug Tuition	First day	210	250	210	230	230
Sept. - May	Monthly	210	250	210	230	230

Extended Rate	VPK
Due at sign up	60
Monthly payment	
Sept-May	60

Before care cost:	\$
After care cost:	\$
Monthly Tuition	\$
TOTAL MONTHLY COST:	\$

I have read and understand the following information:

- 1 Registration fee is non-refundable.
- 2 Tuition, before care, and after care are due on the first of the month.
- 3 Accounts paid after the first of the month will be charged \$25.
- 4 There will be a \$30 fee for any returned checks.
- 5 Parent must provide child with an afternoon snack and drink.
- 6 If you are late to pick-up your child, late fees will be added as stated below:
 - 1st Time: \$10 fee **plus** \$1 per minute.
 - 2nd Time: \$25 fee **plus** \$1 per minute.
 - 3rd Time: \$35 fee **plus** \$1 per minute. Child can no longer attend.
- 7 No reimbursement for days not used or holidays.

Date: _____

Signature: _____