

Tuition Options for SY 2019-2020
September 4, 2019– May 8, 2020

CHILD'S NAME _____

TEACHER _____

TUITION PROGRAM (LUNCH & SNACKS ARE PROVIDED)

	Cost Per Year	Before School Care 8:00 – 8:30 (optional add-on)	After School Care 4:00 – 5:30 (optional add-on)
5 Day Program (M –F) 8:30 – 4:00	<input type="checkbox"/> \$7,500	<input type="checkbox"/> \$800	<input type="checkbox"/> \$1,950
3 Day Program (M,W,F) 8:30 – 4:00	<input type="checkbox"/> \$4,650	<input type="checkbox"/> \$480	<input type="checkbox"/> \$1,170
2 Day Program (T,Th) 8:30 – 4:00	<input type="checkbox"/> \$3,200	<input type="checkbox"/> \$320	<input type="checkbox"/> \$ 780

A \$75.00 non-refundable registration fee is required for the tuition program.

Deposit received on _____

MDE GREAT START READINESS PROGRAM (GSRP) (LUNCH & SNACKS ARE PROVIDED)

	Cost Per Year	Before School Care 8:00 – 8:30 (optional add-on)	After School Care 3:30 – 5:30 (optional add-on)
GSRP Program (M – TH) 8:30 – 3:30	<input type="checkbox"/> Free	<input type="checkbox"/> 4 days (M-Th) \$ 640 <input type="checkbox"/> 2 days (M,W) \$ 320 <input type="checkbox"/> 2 days (T,Th) \$ 320	<input type="checkbox"/> 4 days (M-Th) \$ 2,600 <input type="checkbox"/> 2 days (M,W) \$ 1,300 <input type="checkbox"/> 2 days (T,Th) \$ 1,300

A \$75.00 non-refundable registration fee is required for the before and after school programs.

Deposit received on _____

CHILD CARE ACCESS MEANS PARENTS IN SCHOOL PROGRAM (LUNCH & SNACKS ARE PROVIDED)

	Cost Per Year	Before School Care 8:00 – 8:30 (optional add-on)	After School Care 4:00 – 5:30 (optional add-on)
CCAMPIS Program (M –F) 8:30 – 4:00	<input type="checkbox"/> Free	<input type="checkbox"/> 5 days (M-F) \$ 800 <input type="checkbox"/> 3 days (M,W,F) \$ 480 <input type="checkbox"/> 2 days (T,Th) \$ 320	<input type="checkbox"/> 5 days (M-F) \$ 1,950 <input type="checkbox"/> 3 days (M,W,F) \$ 1,170 <input type="checkbox"/> 2 days (T,Th) \$ 780

A \$75.00 non-refundable registration fee is required for the before and after school programs.

Deposit received on _____

PLEASE NOTE:

- Payments for the Tuition Program, CCAMPIS and GSRP Before and After School options are to be made monthly from September 4, 2019 – May 8, 2020. Your total program cost will be calculated and broken down into 9 monthly payments based on the yearly program rates above.
- Payments are due the first of each month.
- ***The cost of the program for the school year is listed above. The fees listed take into account holidays, regular school closures, professional development days and emergency closures. This means that even though school may not be open for the entire week, you are still responsible for making your normal payment.***
- The College of Education Early Childhood Center and the Merrill Palmer Skillman Institute Early Childhood Center are non-profit organizations. Fees charged for childcare services bring in monies necessary for operational costs (e.g. – staff salaries, materials, food, etc.). Please be on time with your payments. Failure to pay puts a strain on the budget. Prompt payments ensure that we can continue to provide high-quality preschool programs to you and your family.

Late Payment Fees: Your account will be charged a ***late payment fee of \$20*** for each week beyond the due date that you do not make a payment.

Services will be discontinued if you are 2 weeks behind in your payments. Your services will begin again when you have paid your past due balance in full.

Late Pick-Up Fees: There will be a \$5.00 charge ***for every 5 minutes after the contracted time.*** We understand that everyone will face an occasional mishap. However, it is hard to keep quality staff when they cannot leave on time to get home to their families. Please understand that a good program results when all adults work together.

Parent/Guardian Signature _____ ***Date*** _____

IT IS THE PARENT'S/GUARDIAN'S RESPONSIBILITY TO:

- Bring in a clean pillow and blanket for their child to use during naptime every Monday.
- Put their child's name on all of his/her bedding.
- Take home their child's bedding for laundering every Friday.

NAME(S) OF PERSON(S) RESPONSIBLE FOR TUITION PAYMENTS:

1. _____ Relationship to Child _____

2. _____ Relationship to Child _____

I HEREBY AGREE TO THE ABOVE TERMS & CONDITIONS:

Signature _____ Date _____

Printed Name _____ Relationship to child _____

Make checks payable to:

Wayne State University, College of Education Early Childhood Center **or** WSU-COE ECC

Merrill Palmer Skillman Institute Early Childhood Center **or** WSU-MPSI ECC