

Girls Inc. of Johnson County After-School Program Enrollment Financial Agreement

Program Hours 2:30 p.m. – 6:00 p.m.

Financial Terms and Conditions

Child's Name: _____ Child's Grade: _____

I understand that my tuition is based upon this agreement as completed below. I agree to pay the total tuition designated in this contract. **DISCOUNTS WILL NOT BE APPLIED FOR MISSING PART OF A CONTRACTED MONTH.**

Please choose payment plan that works best for your family:

Full Tuition - \$211.00 (Tuition \$150, Transportation \$26, Registration \$35)

Monthly Payments - \$44 – due by 1st Friday of the Month

Weekly Payments - \$11 a week (16 out of 19 week program)

I understand that registration fee (\$35) must be paid to secure a seat on the bus, this is first come first served. _____ Initial

I have received, read, and understand the information contained in the Girls Inc. of Johnson County After-School Program Enrollment agreement. I agree to the terms and conditions set forth including fees calculated in this agreement.

Parent Signature: _____ Date: _____

Office Manager Signature: _____ Date: _____

I understand that a late fee of \$1.00 per minute will be assessed after 6:00 pm. Abuse of this policy will result in termination from the program. Parents initial _____