The Dick Howser Center For Childhood Services, Inc.

3519 Easter Stanley Court ~ Tallahassee, Florida 32308
P: (850) 921-KIDS(5437) ~ F: (850) 921-4734

TUITION AGREEMENT

Parent Information:

Responsible Party for Tuition Payment: _____ DOB: ____/____/____ SSN: ____-____-____

Billing Address: _____
Street City State Zip Code

Phone: _____ Work Phone: _____ Employer: _____

Child's Name	D.O.B	PT/FT	Expiration Date	Approved Rate	Parent Fee	AVG ELC mo.	Calculate the ELC Average payment by: Approved rate – Parent Fee= Y Y x 21.75 = ELC Average payment

Name:		Name:		Name:		Name:		Agreement Expiration Date:
Private Pay Rate		Private Pay Rate		Private Pay Rate		Private Pay Rate		_____ Child's birth date or ELC Exp. whichever occurs first.
ELC (blue box)		ELC (blue box)		ELC (blue box)		ELC (blue box)		
Total		Total		Total		Total		
Multi-Child (10%)		Multi-Child (10%)		Multi-Child (10%)		Multi-Child (10%)		_____ Add the yellow boxes and put the total in the green box below to get the Parent monthly.
Total		Total		Total		Total		
Employee (25%)		Employee (25%)		Employee (25%)		Employee (25%)		
Total		Total		Total		Total		

To obtain prorated amount take the Parent Monthly Total from the Green box and divide it by 21.75, then multiply by the days of care for the remainder of the month, include any observed holidays but do not include weekends. The Annual DHC registration fee is $75.00 for the first child and $25 each additional child with a family maximum of $150.

Start Date: _____ Prorated Rate: $_____ Registration Fee: $_____ Amount Due first day of Enrollment: $_____

Notes:

_____ _____ _____ _____
Director/Administrator Signature Date Parent Signature Date

_____ _____
Vice President Signature* Date

*Signature of Vice President is only required when waiving the registration fee or any other reductions in owed tuition.