



**ATEWAY
LEARNING CENTER**

Parent / Provider Tuition Contract

Child(ren): _____

My typical hours are:

Monday _____ am/pm to _____ am/pm

Tuesday _____ am/pm to _____ am/pm

Wednesday _____ am/pm to _____ am/pm

Thursday _____ am/pm to _____ am/pm

Friday _____ am/pm to _____ am/pm

Average Weekly Hours Totaling (circle one): FT PT est. hours _____

I understand that the set tuition on this contract is subject to change according to hours and/or days of need requested by parent. Tuition will never be changed with out approval and a revision of this contract between the parent and director.

Therefore, my weekly current tuition rate is being set for \$ _____ weekly and is due on my last day of attendance each week as stated in the handbook policy. I understand that a \$5.00 late fee will be added for each day my payment is late, unless special arrangements have been made with the Director and listed below:

Parent Signature: _____ Date: _____

Director Signature: _____ Date: _____