

# First Beginnings Child Development Center - First United Methodist Church

Head of Texas St. P.O. Box 1567  
Shreveport, La. 71165  
Phone: 318 429-6890 Cell: 318 347-8571 Fax: 318 429-6894

## August 2015 – August 2016 REGISTRATION AND TUITION AGREEMENT

It is our hope as the staff of First Beginnings to provide for your child the very best in a preschool experience cognitively, emotionally, spiritually, and socially. First Beginnings makes plans and commitments based upon tuition commitments. It is in this spirit that this agreement is entered into between First Beginnings and

\_\_\_\_\_  
Parent's Name Address  
\_\_\_\_\_  
City, State Zip Home Phone Work Cell

\_\_\_\_\_  
Father's Drivers License Number Social Security Number

\_\_\_\_\_  
Mother's Drivers License Number Social Security Number

On behalf of \_\_\_\_\_ for enrollment in the 2015-2016 school year.

\_\_\_\_\_  
Child's Name Date of Birth

\*\*Estimated date of birth (if applicable) \_\_\_\_\_

~~~Initial the following

1. \_\_\_\_\_ Reasons for withdrawal/cancellation of the tuition agreement include moving out of town, health, or joint determination between the Director and Parents that First Beginnings does not meet the child's needs.
2. \_\_\_\_\_ I understand:  
~ Cancellation of enrollment and your child's placement in the classroom can be jointly determined by the administrative staff of First United Methodist Church and First Beginnings. If that determination is made, immediate withdrawal of your child will be necessary.
3. \_\_\_\_\_ If a child has to withdraw for any reason:  
~The Parents are responsible for the fulfillment of the tuition agreement unless and until the position vacated can be filled by another child.  
~A 30 day written notice of the withdrawal must be submitted to the director and balances paid in full, including the 30 day notice period, at time of withdrawal.
4. \_\_\_\_\_ I understand:  
~The tuition is due regardless of my child's attendance.  
~First Beginnings is closed 2 weeks for Christmas break (the center follows the Caddo Parish break schedule for this holiday)  
~Children cannot be dropped off at the center between 11:30am-2:00pm  
~Insufficient funds charge is \$20.00  
~Late pick up charge is \$5.00 per minute after 5:30

5. Are you a member of First United Methodist Church? \_\_\_\_\_ Yes \_\_\_\_\_ No

The obligation of First Beginnings is to furnish the physical plant and personnel to make available schooling or instruction to the student commensurate with his/her developmental level. The specific dates of operation are set at the discretion of First Beginnings. A separate holiday schedule will be provided at time of enrollment.

**For prospective enrollment:** Estimated date of enrollment \_\_\_\_\_

\*\*In order to reserve a position for your child after the beginning of our school year, full payment of the monthly tuition is due regardless of your child's prospective enrollment date. Example: School year begins August 1, your child is starting October 1; you are obligated to pay tuition for August and September to hold your child's place in the classroom.

~Has either parent been convicted of a crime or arrested? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, which parent \_\_\_\_\_

Explanation \_\_\_\_\_

|                                | Full Time / 5 Days | *Half Time / 5 Days | Early Drop Off |
|--------------------------------|--------------------|---------------------|----------------|
|                                | 7:30-5:30          | 7:30-3:00           | 7:00-7:30      |
|                                | Monthly            | Monthly             | Monthly        |
| <b>Infant – Toddler – Twos</b> | \$600.00           | N/A                 | \$30.00        |
| <b>Preschool – Pre-K</b>       | \$550.00           | \$525.00            | \$30.00        |

**INITIAL ONE OF THE TWO PAYMENT OPTIONS BELOW:**

**Payment Option #1:**

\_\_\_\_\_, I, the undersigned, authorize First Beginnings to debit my checking account as indicated on the Electronic Funds Transfer Authorization Form to pay the regular childcare tuition fees which are due and payable in the amount of \$ \_\_\_\_\_ per month. I understand an additional \$5.00 monthly electronic processing fee is due, in addition to the regular tuition fee.

\_\_\_\_\_  
Signature Date

**Payment Option #2:**

\_\_\_\_\_, I, the undersigned plan to pay the monthly tuition by check, in the amount of \$ \_\_\_\_\_ per month. I decline the option to enroll in the Electronic Funds Transfer form of payment.

\_\_\_\_\_  
Signature Date

**The annual Registration/Supply fee of \$200.00 must accompany this form in order to guarantee a place for your child. This fee is non-refundable.**

**Receipt of this registration fee is acknowledged and this agreement is accepted.**

\_\_\_\_\_  
Charlotte Rogers, Director Date

\*Late fee will apply for Half Time students after 3:00 pm unless prior notification is given to office personnel.