

Birchwood Christian School

2020-2021 After/Before Care Payment Agreement Form

Please select from the following payment options:

After Care Billing

_____ **Option A: Flat Rate.** Please bill me the \$200 monthly flat rate fee at the beginning of each month. I understand I will be charged an additional \$100/mo for each additional child up to the maximum family after care fee of \$400/mo. (Example: Parents with 2 children attending after care 15 times during the month will be charged \$300). **I further understand that I will not be refunded for days not used during the month.** A typical billing month includes 19-21 days. The flat rate fee pays for itself after 14 days for a single child, and after 10 days for multiple children.

_____ **Option B: Daily Rate** Please bill me at the end of each month at a rate of \$15/child per usage. Example: Parents with 2 children attending after care 5 times during the month will be billed \$150.

Before Care Billing

_____ **Option A: Flat Rate.** Please bill me the \$100 monthly flat rate fee at the beginning of each month. I understand I will be charged \$150/month for multiple children. Flat rate pays for itself after 10 days. **I understand I will not be refunded for days not used during the month.**

_____ **Option B: Daily Rate.** Please bill me at the end of each month at a rate of \$10/child per usage (\$15 per usage for multiple children).

I am aware that invoices for after- and before- care are separate from, and additional to, tuition invoices. Even if my child(ren)'s tuition is fully paid by May 1, I may still be invoiced later for expenses related to after- and before- care, as well as other such fees, dependent upon my agreed upon billing cycle and the status of my child(ren)'s account.

****Note: Flat rate fees for months consisting of less than 17 potential usage days will be prorated: August and December 2020; May 2021.**

After Care Enrollment:

Child#1: _____
Child#2: _____
Child#3: _____
Child#4: _____

Charge:

\$200
\$100
\$100
\$0

Before Care Enrollment:

Child#1: _____
Child#2: _____
Child#3: _____
Child#4: _____

Charge:

\$100
\$50
\$0
\$0

Parent/Guardian Signature

Date