

# Birchwood Christian School

## 2021-2022 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 2021; May 2022.**

#### After Care Enrollment:

Child#1: _____	Charge: \$200
Child#2: _____	\$100
Child#3: _____	\$100
Child#4: _____	\$0

#### Before Care Enrollment:

Child#1: _____	Charge: \$100
Child#2: _____	\$50
Child#3: _____	\$0
Child#4: _____	\$0

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date