

TUITION WORKSHEET 2016 -2017

(One Form Per Child)

Family Name: _____

Child's Name: _____ Age on 9/1/16: _____

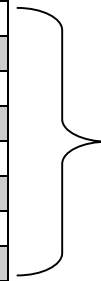


The Rose and George Teller Preschool
of Shaare Tefila

16620 Georgia Avenue, Olney, MD 20832

301-593-3410 ext. 105 www.gatesofdiscovery.o

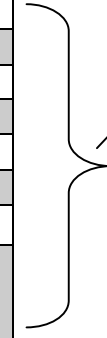
SECTION A Core Programs		Program Times	Rate Category*	Tuition
2a 9-12:30 Three-Day Program	9:00-12:30	Member	<input type="checkbox"/> \$3,835	
	9:00-12:30	Non Member	<input type="checkbox"/> \$4,575	
2s 9-12:30 Five-Day Program	9:00-12:30	Member	<input type="checkbox"/> \$5,095	
	9:00-12:30	Non Member	<input type="checkbox"/> \$6,175	
3s /4s 9-2 Three-Day Program	9:00-2:00	Member	<input type="checkbox"/> \$4,960	
	9:00-2:00	Non Member	<input type="checkbox"/> \$5,850	
3s /4s 9-2 Five-Day Program	9:00-2:00	Member	<input type="checkbox"/> \$6,920	
	9:00-2:00	Non Member	<input type="checkbox"/> \$8,170	



Tuition
Less: 5% younger sibling discount
Total Section A

Total Section A
A
()

SECTION B Additional Programs	Rate Category*	Fee for 5 days/wk	Monday	Tuesday	Wednesday	Thursday	Friday	Subtotals Section B
Early Drop 7:00 - 9:00	Member	<input type="checkbox"/> \$1,910	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	
	Non Member	<input type="checkbox"/> \$2,125	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	
2s Naptime 12:30 - 2:00	Member	<input type="checkbox"/> \$1,825	<input type="checkbox"/> \$375	<input type="checkbox"/> \$375	<input type="checkbox"/> \$375	<input type="checkbox"/> \$375	<input type="checkbox"/> \$375	
	Non Member	<input type="checkbox"/> \$1,995	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425	<input type="checkbox"/> \$425	
Afternoon 2:00 - 4:00	Member	<input type="checkbox"/> \$1,910	<input type="checkbox"/> \$395	<input type="checkbox"/> \$975	<input type="checkbox"/> \$395	<input type="checkbox"/> 395	<input type="checkbox"/> \$395	
	Non Member	<input type="checkbox"/> \$2,125	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	
Late Stay 4:00-6:00	Member	<input type="checkbox"/> \$1,910	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	<input type="checkbox"/> \$395	<input type="checkbox"/> 395	<input type="checkbox"/> \$395	
	Non Member	<input type="checkbox"/> \$2,125	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	<input type="checkbox"/> \$455	



Total Section B
B

Total Section A
Add: Total Section B
Add: Registration and Material fee
TOTAL TUITION
Less: deposit enclosed
REMAINING BALANCE

TOTALS
\$
+
+ 275.00
\$
()
\$

FAMILY NAME:

Mother: _____ Daytime phone: () _____
Last **First**

Father: _____ Daytime phone: () _____
Last **First**

Address: Street: _____
City: _____ State: _____ Zip: _____

PAYMENT TERMS (Please check one): All charges are non-refundable and non-transferable, even in cases where the student does not complete the school year. Days registered cannot be changed. Member rates apply only when Synagogue membership is in good standing. Further school policies can be found in our Parent Handbook on our website.

Payment must be made on one of the following schedules, unless other arrangements are made:

- Full Pay by July 1, 2016
- 10 monthly payments, July 2016-April 2017
- Combine camp 2016 and school 2016-2017 payments into one and pay in 12 payments, July 2016-June 2017

All payments will be processed on or around the 16th of the month. Payments can be made by:

- POST DATED CHECKS - **Must be attached**
- CREDIT CARD PAYMENT - **A 3% convenience fee will be added to all credit card charges.**

Circle: Mastercard/Visa

Credit Card #: _____ Expiration Date: _____

Cardholder's Name: _____

ALL SECTIONS OF TUITION SHEET MUST BE COMPLETED TO EFFECT REGISTRATION

I UNDERSTAND AND ACCEPT THE TERMS OF THIS AGREEMENT. You may also wish to download Maryland's brochure for parents called [A Parent's Guide to Regulated Care](http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/parent_guide), located at http://www.marylandpublicschools.org/MSDE/divisions/child_care/licensing_branch/parent_guide

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
