

Trinity College Community Child Center  
Tuition Agreement Form

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

Parents/Guardians Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Tuition/Classroom Description \_\_\_\_\_

TC4 Scholarship                      Weekly \_\_\_\_\_

Care 4 Kids                              Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

School Readiness                      Weekly \_\_\_\_\_ Monthly \_\_\_\_\_

Child Day Care                          Weekly \_\_\_\_\_

Diaper Charge    Monthly \_\_\_\_\_

Family Weekly Tuition Fee: \_\_\_\_\_ Effective Date: \_\_\_\_\_

**DEPOSIT:** Each family enrolling a child is required to place refundable deposit equal to two weeks of fees. The deposit is used for the child's last weeks of care, provided the Director receives written notification of withdrawal at least two weeks prior to the withdrawal date. If less than two weeks notice is given, the deposit is kept by the Center to offset the unexpected loss of your slot income.

Deposit received/on record?              Yes No    Amount \_\_\_\_\_  
One Time Registration Fee \$50.00        Date Received \_\_\_\_\_

**PAYMENT:** Checks or money orders should be made payable to TRINITY COLLEGE COMMUNITY CHILD CENTER or TC4. Tuition is due by Friday of each week. Any alternative payment arrangements must be discussed with the Executive Director or Administrative Assistant. We cannot accept third party checks or post-dated checks. We will charge a fee of \$15.00 for each returned check. TC4 provides month end statements for tax and reimbursement purposes.

**I understand that I am responsible for paying this child's weekly tuition and any deviation from the payment policy will result in the late fees and, if necessary, a loss of this child's slot. If my family receives a subsidy and it is lost at any time, I am responsible for paying the full weekly rate.**

\_\_\_\_\_  
Signature of Person Responsible for Paying Tuition    Date  
cc: Child's File

\_\_\_\_\_  
Authorized TC4 Signature                                      Date