

TUITION WORKSHEET 2019-2020

(One Form Per Child)

Family Name: _____

Child's Name: _____

Age on 9/1/19: _____



The Rose and George Teller Preschool
of Shaare Tefila

16620 Georgia Avenue, Olney, MD 20832

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

SECTION A Core Programs		Program Times	Tuition
2a	9-12:30 Three-Day Program	9:00-12:30	<input type="checkbox"/> \$4,950
2s	9-12:30 Five-Day Program	9:00-12:30	<input type="checkbox"/> \$6,690
3s /4s	9-2 Three-Day Program	9:00-2:00	<input type="checkbox"/> \$6,350
3s /4s	9-2 Five-Day Program	9:00-2:00	<input type="checkbox"/> \$8,870

Tuition
Less: 5% younger sibling discount
Total Section A

Total Section A
()

SECTION B Additional Programs	Fee for 5 days/week	Monday	Tuesday	Wednesday	Thursday	Friday	Subtotals Section B
Early Drop 7:00 - 9:00	<input type="checkbox"/> \$2,330	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	
2s Naptime 12:30 - 2:00	<input type="checkbox"/> \$2,185	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	<input type="checkbox"/> \$465	
Afternoon 2:00 - 4:00	<input type="checkbox"/> \$2,330	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	
Late Stay 4:00-6:00	<input type="checkbox"/> \$2,330	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	<input type="checkbox"/> \$500	

Total Section B

Total Section A
Add: Total Section B
TOTAL TUITION
Shaare Tefila member discount (15%)
Add: Registration and Material fee
FINAL TUITION
Sunshine Committee Dues
TOTAL BALANCE DUE

TOTALS	
\$	
+	
\$	
-	
+	280.00
\$	
	50.00

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, 2019
- 10 monthly payments, July 2019-April 2020
- Combine camp 2019 and school 2019-2020 payments into one and pay in 12 payments, July 2019-June 2020

Payments can be processed on the date of your choice. Either. 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: _____ Preferred Processing Day Each Month _____

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: _____
