

**Brown/Fox Point Early Childhood Education Center  
2013 / 2014 Tuition Agreement**

*Please read, complete and sign this form  
and return it to the Office within one week of receipt.*

1. I understand that the full tuition at Brown/Fox Point is \$295 per week for new children and \$285 per week for returning/second year children. My family has been awarded \$ \_\_\_\_\_ per week in financial aid. Therefore, my weekly tuition fee is \$ \_\_\_\_\_.
2. I agree to pay my child's tuition fees as billed by the 10<sup>th</sup> of each month. I recognize that my tuition payments will be considered delinquent if received after the 10<sup>th</sup> of the month.
3. I understand that, if I make more than three delinquent payments, I may be asked to withdraw my child from the program. Also my account will be placed in collections for non-payment if necessary.
4. I understand that the Center has the right to increase my tuition rate due to the Center's rising costs or reduced funding, and that they will give me at least sixty days written notice of such changes.
5. I understand that I am responsible for tuition payments for a full 50-week year (September 3, 2013 – August 22, 2014) even if my child does not attend for certain days or weeks within the year.
6. I understand that B/FP will require that I choose one of two options for summer:
  - (a) I may maintain my child's enrollment for the entire summer (June 23 – August 22, 2014) or
  - (b) I may suspend my child's enrollment and thus tuition payments for at least four and up to nine consecutive weeks.

I must make our family's choice no later than May 1, 2014; I understand that I am obligated for tuition even if my family's plans change after that date. If my child is in the Chestnuts or Maples, I understand that B/FP will secure my tuition deposit in order to hold a spot in the Redwoods or Willows for my child's return on September 2, 2014.

7. I agree to give a minimum of four weeks' written notice if I decide to withdraw my child from the program at anytime during the year. Without such notice, I understand that I will forfeit my deposit. I also agree to pay tuition fees for those four weeks even if my child does not attend.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Name – Please print

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

\_\_\_\_\_  
Today's Date