

**HORIZONS K-8 KINDERGARTEN ENRICHMENT 2019-2020
PAYMENT AGREEMENT**

Horizons K-8 Kindergarten Enrichment program is optional. As such, there is a fee attached. Following is the fee schedule:

| | | | |
|---|-------------|-------|---------|
| Full time (Mon-Thurs 12:00-3:30 pm) | \$500/month | _____ | (Please |
| 3 days (parents' choice of 3 of the above days) | \$395/month | _____ | check |
| 2 days (parents' choice of 2 of the above days) | \$270/month | _____ | one) |

Requested days: _____

For the month of August a daily rate of 33.75 will apply.

Note that the above amounts reflect the school year cost of the program divided into 9 monthly payments. There will be no refunds, credit or make up days for days off, sick days or family vacation days.

Payment is due on the first of the month. A late fee of \$50 will be charged after the fifth unless other arrangements have been made. Payments may be made by credit card with a 3% fee attached.

Enrichment children will need to be picked up at 3:30 pm in their classroom. Children attending After Care will be walked to the After Care classroom. Children not picked up by 3:45 pm will be walked to After Care, and charged accordingly by the After Care program.

PARENT AGREEMENT

I agree to pay Horizons K-8 Kindergarten Enrichment for my child's attendance in accordance with the above.

Student Name _____ Phone # _____

Parent(s) Signature _____ Date _____

Method of Payment

_____ We will make monthly payments by the 1st of the month, beginning September 1, 2019 and ending on May 1, 2020.

_____ We authorize Horizons to charge our credit card for our monthly fee on the first of each month beginning September 1, 2019 and ending on May 1, 2020. I agree to pay an additional 3% fee for this service. (\$515.00 full time; \$406.85 three days; \$278.10 two days)

Card Number _____ Exp Date _____

Cardholder's Name _____

Cardholder's Signature _____ Date _____