

**TRINITY COOPERATIVE DAY NURSERY**

301 N. Chester Rd., Swarthmore, PA 19081 [www.tcdn.org](http://www.tcdn.org)

Phone: 610-544-4555 Fax: 610-604-9740 Email: [information@tcdn.org](mailto:information@tcdn.org)

**THE EXPLORERS CONTRACT AND FEE AGREEMENT 2016-2017**

*(PLEASE PRINT CLEARLY)*

Child's Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Child's School: \_\_\_\_\_ D.O.B : \_\_\_\_\_

Parent 1: \_\_\_\_\_ Parent 2: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Ph: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_ Ph: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

\_\_\_\_ Please check if you wish to be added to TCDN's email list for center communications, including weather related information. TCDN will not sell your contact information.

Date of Admission: \_\_\_\_\_ Child Arrival Time: \_\_\_\_\_ Child Departure Time: \_\_\_\_\_

Person responsible for payment: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address of responsible party \_\_\_\_\_

Signature of responsible party \_\_\_\_\_

Person(s) designated by a parent to whom child may be released: \_\_\_\_\_

**My child is enrolling in the following TCDN program(s): (Two Day Minimum)**

\_\_\_ Before School Club 7:15 - 8:30 # of days enrolled \_\_\_ Specify days M T W TH F Monthly fee \_\_\_\_\_

\_\_\_ AM Explorers\* 8:30 - 12:30 # of days enrolled \_\_\_ Specify days M T W TH F Monthly fee \_\_\_\_\_

\_\_\_ PM Explorers\* 11:30 - 3:30 # of days enrolled \_\_\_ Specify days M T W TH F Monthly fee \_\_\_\_\_

\_\_\_ After School Club\*\* 3:30 - 6:00 # of days enrolled \_\_\_ Specify days M T W TH F Monthly fee \_\_\_\_\_

\*Program hours may vary slightly for children using bus transportation. **Total Monthly payment** \_\_\_\_\_

\*\*Please circle After School Club Site: SASC WASC NPASC

Contract is effective the first day of school for the Wallingford Swarthmore School District 2016 through the last day of school for the WSSD 2017.

**In signing this contract, we accept and agree to the following:**

- There will be a \$75.00 annual non-refundable registration fee for each child.
- As part of TCDN's Cooperative Model, each family is required to choose to either fulfill a service option by April 15th or pay a non-refundable cooperative fee of \$50.00 for the 1<sup>st</sup> child and \$30.00 for each additional child (see Cooperative Form for more info). Cooperative forms must be returned with contracts. If fee is chosen, the fee is due with the registration fee.
- For each child, TCDN will provide care and snacks. Full payment is due on the first of each month, in advance. A fine of \$25.00 is levied for tuition not paid by the fifth of the month. A \$20.00 charge may be assessed on all returned checks. If there is a balance due from the previous year, your child may not attend until the account is paid in full.
- For early dismissal and school closing days, pre-registration is required for ALL children attending. There is an extra charge for these days. Only children currently enrolled in TCDN programs can attend. See fee schedule.
- **THIRTY DAYS WRITTEN NOTICE MUST BE GIVEN TO THE MAIN OFFICE FOR ALL WITHDRAWS OR REDUCTIONS FROM ANY PROGRAM.**
- There will be no reduction of fees for days missed due to illness, vacation, emergency closings, scheduled holidays or closings. Fees are adjusted only for a serious or prolonged illness. This must be requested in writing.
- There is a fine of \$2.50 per minute for pick-ups after 6:00 PM.
- Children with special needs must receive prior approval and submit requested IEP forms.
- Families receiving subsidized care must contact the office prior to registration.
- All enrollment forms must be filled out annually and returned before the child is to start the program. The Family Cooperative requirements must be fulfilled by April 15<sup>th</sup>. (All forms are available at [www.tcdn.org](http://www.tcdn.org)).
- Scholarship help is available through the Stuppy Memorial Fund. Please contact the Director for more information.

\_\_\_\_\_  
Parent 1 Signature Date Parent 2 Signature Date

\_\_\_\_\_  
Parent 1 Update Signature Date Parent 2 Update Signature Date

\_\_\_\_\_  
Director's Signature Date

**SEE OTHER SIDE FOR FEE SCHEDULE**

# Trinity Cooperative Day Nursery

## 2016-2017 EXPLORERS TUITION

*ALL FEES ARE DUE ON THE FIRST OF THE MONTH*  
 Make checks payable to: TCDN

### BEFORE SCHOOL CARE – (Swarthmore After School Club site)

7:15-8:30 AM MONTHLY RATE :

	<u>Sept. to May</u>	<u>June</u>
5 days (SRS)	\$206	\$122
5 days (NPE/WES)	\$129	\$72

These children leave on the bus at approx. 8:00 AM

(2 through 5 day enrollment options are available. Contact office for information.)

### EXTENDED DAY KINDERGARTEN – (Swarthmore After School Club site)

MONTHLY RATE - AM 8:30 – 12:30 (AM Explorers)	PM 11:30 – 3:30 (PM Explorers)
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	<u>Sept. to May</u>	<u>June</u>
5 days	\$505	\$286
4 days	\$442	\$251
3 days	\$334	\$191
2 days	\$284	\$156

### AFTER SCHOOL CARE – 3:30 to 6:00 PM (SASC or WASC)

MONTHLY RATE

	<u>Sept. to May</u>	<u>June</u>
5 days	\$353	\$202
4 days	\$309	\$176
3 days	\$237	\$132
2 days	\$199	\$115

If your child is enrolled in the Before School Club, the Explorers program and the After School Clubs, there is a rate discount of \$60 for 5 day care Sept-May (\$30 discount for June), off the combined monthly rate. If enrolled for 2-4 days in all 3 programs, then there is a discount of 6% off the combined monthly rate.

#### Additional fee information:

- School closing days: \$40 additional per day; early dismissal days: \$25 additional per day. (If enrolled in both Explorers and After School Club for a school closing day, the school closing rate is \$25. If you are enrolled only in Explorers or only in the After School Club, the school closing day rate is \$40 for the day.)
- A limited number of tuition reduction opportunities are available.
- BSC Extra Day \$10 (Charge is \$20.00 if not enrolled in the Before School Club)

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