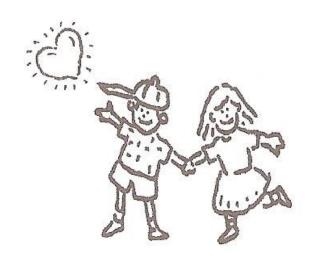
## Faith Lutheran Church Parents' Day Out



## Financial Agreement

I understand that a late charge of \$10 will be added to my child's tuition account if full payment is not received by the 15th of the month, and if not received by the first day of the next month, my child will not be admitted to class.

I understand that if my child attends class for any part of a month I will be responsible for a full month's tuition.

**I understand** I will be responsible for 1/2 of the months tuition if my child is absent for the month.

**I understand** that a \$20 fee will be charged for any returned checks. All future payments will be accepted in CASH only.

School sessions will be dismissed at the appointed time. A fee of \$1 per minute after 15 minutes will be assessed.

Signature of person responsible for tuition	Date	