

**CHILDREN'S ACADEMIC CENTER
270 ALLEGHANY SPRING ROAD
SHAWSVILLE, VA. 24162
540-268-5656**

I have been informed of the tuition rate for my child and the center fees.

I understand that continuation of care is dependent upon my timely payment of all fees and tuition.

I understand that if I fail to pay in a timely manner, care can be discontinued for my child.

I understand that if there are amendments to the tuition during the school year,
I will be notified at one month in advance.

I understand there are no reductions in fees due to missed days
(illness, vacations, weather or closings for holidays).

Date

Child's Name

Parent's Name

Parent's Signature

Annual Registration Fees...Due upon completion of Application \$100

Tuition/CoFee...Due First Day of Attendance

Fee Schedule: Weekly tuition is due No Later than Tuesday of EACH week.

Monthly tuition is due by the first Monday of the Each month.

**A Late Fee is charged if payment is not made by Tuesday of the week/month. \$10 per week for
Weekly Payments and \$10 for Monthly Payments**

After hour fees (After 6:00 p.m.): \$2.00 per minute late.

Arrangements for payment must be made to the teacher's that stayed after hours.

My child's Tuition Fee is:_____

My child's arrival time is approximately: _____ & Pick up time is _____.

Thank you very much for your support :)