KEYSTONE
Center for Children with Autism
Educating Children · Supporting Families · Inspiring Possibilities

Tuition and Fee Schedule

Student's Name _____ ☐ Male ☐ Female
Last *First* *Middle*

Parent / Guardian Information

Salutation (Dr. Mr. Mrs. Ms.) _____

Last Name _____ First Name _____

SS# _____ Driver's License # _____

Address _____ Email Address #1 (preferred) _____

_____ Email Address #2 _____

Home Phone # _____ Cell Phone # _____

Employer _____ Employer Phone # _____

I agree to and will comply with the conditions set forth below (please initial by each statement).

_____ **Tuition:** I agree to pay the appropriate tuition for the program my child is enrolled in.

- ☐ **Full-Day** (8:30-2:30)
  - ☐ M-F - $4166.66 / month
  - ☐ M/W/F - $2,880 / month
  - ☐ T/Th - $1,920 / month
- ☐ **Half-Day** (8:30-11:30 or 11:30-2:30)
  - ☐ M-F - $2,083.33 / month
  - ☐ M/W/F - $1,440 / month
  - ☐ T/Th - $960 / month

_____ **Application Fee:** I agree to pay a nonrefundable Application Fee of $100 with the submission of my child's application.

_____ **Registration Fee:** I agree to pay a nonrefundable Registration Fee of $300 upon acceptance into Keystone Center for Children with Autism, Inc.

_____ **Returned Checks:** If your check is returned or rejected for any reason, you expressly authorize your bank account to be electronically debited for the amount of the check plus a processing fee of $25.

_____ **Late Payments:** Tuition is due on the first (1st) of the month and late after the tenth (10th) of the month. If payment is not received by the tenth (10th) of the month, a $50 late fee will be assessed.
Termination for Keystone Center for Children with Autism, Inc. may occur following one (1) month of nonpayment of tuition. Notice of termination will be in writing. The tuition account will then be turned over to a collection agency.

_____ **Interest:** If a balance remains owed thirty (30) days after the termination date, I understand an interest fee of 10% will be added each month of the unpaid balance.

_____ **Tuition Increases:** A written notice will be given thirty (30) days prior to tuition increase or decrease and/or any other changes.

_____ **Sick / Vacation Policy:** Tuition refunds cannot be given for individual days or weeks children are absent or for school holidays.

_____ **Sign In / Out:** I agree to sign my child in/out upon arrival/departure.

_____ **Late Departure:** I understand that the school day ends at 2:30 and any pick-up after 2:45 is considered late. I will be allowed up to five (5) unexcused late pick-ups. If I exceed my five (5) unexcused late pick-ups, I agree to pay $2 for each minute I am late picking up my child. If I am late to pick up my child more than ten (10) times, I understand that my child's enrollment at Keystone may be reconsidered

_____ **Termination:** To terminate this agreement, I understand that I must submit a written thirty (30) day notice to terminate or change the schedule. I understand that this contract with Keystone will remain in full force throughout our time at Keystone and supersedes all other agreements.

_____ **Termination or schedule change without thirty (30) days written notice:** In cases where thirty (30) days written notice is not provided the tuition will be pro-rated and you will still be required to pay for the thirty (30) days following the termination or schedule change date, regardless of whether your child is currently active in the program.

_____ **Attorney Fees:** Should the services of an attorney be necessary to enforce this agreement, the prevailing party shall be entitled to a responsible sum for attorney fees.

_____ _____
Program Director *Date* *Parent/Guardian* *Date*

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