



# Florida **VPK**

## VPK FINANCIAL AGREEMENT & WRAP AROUND OPTIONS 2022-2023

<input type="checkbox"/> <b>VPK</b>	FREE
Monday-Thursday/ August-April	
9:00 AM-1:30 PM	

**PROGRAM ADD ON OPTIONS**

**YEARLY**

**MONTHLY**

Select all additional childcare days/times you wish for your child to attend. Monthly payments are made August to May.

<b>PROGRAM ADD ONS REQUIRED ONE TIME FEES</b> (non transferable/non refundable)		
<input type="checkbox"/> Registration/Supply Fee	\$175	Due upon enrollment
<input type="checkbox"/> <b>FRIDAYS (Aug-April)</b>	\$600	\$60
9:00 AM-1:30 PM		

<input type="checkbox"/> <b>SPRING (April &amp; May)</b>	\$700	\$70
Monday-Friday		
9:00 AM-1:30 PM		

<b>PART TIME Extended Care</b> 7:00-9:00 am <u>OR</u> 1:30-3:30 pm (2 hours)		
<input type="checkbox"/> Monday-Thursday (Circle AM or PM)	\$650	\$65
<input type="checkbox"/> Monday-Friday (Circle AM or PM)	\$700	\$70

<b>FULL TIME Extended Care</b> 7:00-9:00 <u>AND</u> 1:30-5:30 pm (more than 2 hours)		
<input type="checkbox"/> Monday-Thursday	\$1,600	\$160
<input type="checkbox"/> Monday-Friday	\$1,700	\$170

**TOTAL**

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# VPK STATEMENT OF FINANCIAL AGREEMENT

I, the undersigned, do understand that tuition payments are due the 8th OF THE MONTH (August 1st - May 1st). A LATE FEE OF \$60.00 PER CHILD WILL BE CHARGED IF TUITION IS NOT RECEIVED BY THE DUE DATE.

I understand that the Registration and Supply Fee is a **non-refundable/non-transferable** fee.

If I am adding on extra hours, I understand I must register with SMART within 5 days of registration.

I understand there will be a \$12.00 charge for returned checks.

I understand that students will not be admitted to class if any fees are one month in arrears. Students who attend one day or more of a payment period will owe the full payment period tuition. No records or grades will be issued or transferred if there are any unpaid fees. I agree to pay any and all collection charges which might be incurred by First Baptist Brandon Christian Academy in collecting my outstanding balance.

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PRINTED NAME OF RESPONSIBLE PARTY

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SIGNATURE OF RESPONSIBLE PARTY

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DATE