



**Broadway  
United Methodist**

309 East Broadway Avenue • Maryville, TN 37804

# **PARENT'S DAY OUT ENRICHMENT PROGRAM**

Phone: (865) 982-1183

## **REGISTRATION & TUITION AGREEMENT**

**FOR - CHILD'S NAME:**

I agree to the following terms and conditions:

- 1.) I understand that I must sign this agreement and abide by its terms in order for my child to become and remain enrolled at PDO.
- 2.) I have either accessed online, or received a copy of the PDO Parent's Handbook and more specifically, I have read the "Tuition" policies and understand them.
- 3.) I understand that I am responsible for giving two weeks notice if I wish to withdraw my child from the PDO Program, and that I am responsible for and agree to pay two weeks of tuition once I give this notice.
- 4.) I am responsible for and agree to pay a registration fee of \$75.00 at the time of my child's enrollment, and I understand that this fee is non-refundable and will be due again each August. (The only exception to this is if your child was enrolled in the June/July Summer session. If so, your annual fee will be waived.)
- 5.) I am responsible for and agree to pay monthly tuitions at a rate as set by PDO, for the care of my child. I understand that tuition payments are due on the first day of each month.
- 6.) I am responsible for and agree to pay a \$15.00 late fee if my tuition is not paid in full by 2:30PM on the second Thursday of the month.
- 7.) I am responsible for and agree to communicate directly with the PDO Director if I am having problems with my tuition payments.
- 8.) I understand that if I wish to negotiate any exceptions to the aforementioned conditions, I must do so with the PDO Director who will then have to get approval from the PDO Advisory Board.
- 9.) I understand that I am responsible for my child's monthly tuition even if my child is absent due to illness, or vacation.
- 10.) I am aware that I am financially responsible for all special lunches, field trips, and special programs that my child attends and participates in while enrolled at PDO.
- 11.) I understand that PDO closes at 2:30PM every day and that if I am late picking up my child, I am responsible for and agree to pay \$5.00 for every five (5) minutes I am late beyond 2:35PM, and that this payment is to be made directly to the teacher when I pick up my child.
- 12.) **My signature below indicates that I have completed all of the required forms necessary for the enrollment of my child into the PDO Program, e.g., the Registration Form, which also includes the Health History Form and this Agreement. I have provided an Immunization/Shot Record as required by the Program. I have read and understand the above conditions, and that I agree to comply with these terms.**

Date: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_

\_\_\_\_\_ **OFFICE USE ONLY DO NOT WRITE BELOW THIS LINE** \_\_\_\_\_

Date Received: \_\_\_\_\_

Director's Signature: \_\_\_\_\_