

Family Tuition Agreement

Revised 07.07.2026

Child's Name: _____ Date of Birth: _____ Gender: _____

Days Attending (check one): ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri

I will drop off my child at: _____ AM. I will pick my Child up at: _____ PM.

Receiving ELRC: YES NO ELRC Case Number: _____ Approved Start Date: _____

ELRC Copayment: _____ Approved for: FT or PT Approved for how many days weekly: _____

Students receive breakfast, lunch, and afternoon snack when in attendance under Child and Adult Food Program (CACFP) Meal schedule.

Please list any known allergies: _____

Student Meal Preference (Check one): ☐ Center Menu ☐ Vegan Menu

Early Education Program: Start Date: _____

☐ Early Head Start (8:30AM-2:30PM) ☐ Infant/Toddler Contracted Slots ☐ Pre-K Counts (9AM – 3:30PM)

Late charges of \$1.00 per minute will apply when dropping off or picking up past scheduled program times.

PROGRAM FEES

Select Program (Initial next to program in left column below)	Ages	Daily Rate	Recertification Date	Recertification Initials
Full time = OVER 5 hours daily Part time = UNDER 5 hours daily				
Infant Full Time	6 Weeks to 12 Months	\$90.65		
Infant Part Time	6 Weeks to 12 Months	\$69.43		
Young Toddler Full Time	13 to 24 Months	\$85.33		
Young Toddler Part Time	13 to 24 Months	\$64.35		
Older Toddler Full Time	25 to 36 Months	\$83.2		
Older Toddler Part Time	25 to 36 Months	\$61.18		
Pre-School Full Time (non PKC & Summer Camp*)	3 to 5 Years	\$73.96		
Pre-School Part Time (non PKC & Summer Camp*)	3 to 5 Years	\$52.24		
Pre-School Blended Full Time (enrolled in PKC)	3 to 5 Years	\$60.16		
Pre-School Blended Part Time (enrolled in PKC)	3 to 5 Years	\$54.16		
School Age Blended Full Time (Included days off)	5 to 12 Years	\$50.98		
School Age Blended Part Time (includes days off)	5 to 12 Years	\$44.98		
Summer Camp Full Time *	5 to 12 Years	\$67.12		
Summer Camp Part Time *	5 to 12 Years	\$42.74		
A late fee of \$30.00 will be applied to your account if payment is not received on Monday for the week of service.				

* Activity fees will apply

Email: _____

Phone Number: _____

Parent/Guardian Name (Print clearly)

Parent/Guardian Signature

Date: _____

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Emergency Contact & Authorized Pick Up

Emergency Contact Person(s)

NAME (First & Last)	Address	Telephone Number

Person(s) to whom child may be released:

NAME (First & Last)	Address	Telephone Number

Parent/Guardian Name (Print clearly)

Parent/Guardian Signature

Date: _____

YW3CA Early Education Center Leadership Signature

Date: _____