

# MONTHLY TUITION PROGRAMS

## Multiple Party Financial Agreement



# LEGACY

## TRADITIONAL SCHOOL

### KIDS CARE - KEEP

Before and After School programs

### PRIMARY PARTY INFORMATION

Parent/Guardian

First & Last Name \_\_\_\_\_ Date \_\_\_\_\_

*Please list all children and the program this agreement will apply to.*

Child's

First & Last Name \_\_\_\_\_ School \_\_\_\_\_ Program \_\_\_\_\_

First & Last Name \_\_\_\_\_ School \_\_\_\_\_ Program \_\_\_\_\_

First & Last Name \_\_\_\_\_ School \_\_\_\_\_ Program \_\_\_\_\_

First & Last Name \_\_\_\_\_ School \_\_\_\_\_ Program \_\_\_\_\_

I agree to abide by the terms and conditions set forth on the LKC Parent Guide. I understand that all tuition is due by the first of the month prior to services being rendered; tuition must be paid by credit card/auto pay.

An Alternative Payment Plan allows tuition to be divided into two payments, one due by the first of the month, and the balance due by the 15<sup>th</sup> of the month. I understand that auto-pay payments are not an option if I choose the Alternate

### MULTIPLE PARTY PAYER INFORMATION

*The following must be completed to bill multiple parties. The percentages must equal 100%*

Primary Owner \_\_\_\_\_ Monthly Tuiton Percentage \_\_\_\_\_%

Primary Owner \_\_\_\_\_ Monthly Tuiton Percentage \_\_\_\_\_%

### PROVISIONS AND SIGNATURE

*My signature indicates that I am aware of and give my consent to the practice of informing both parents/guardians of non-payment and that I have read and agree to the terms set forth on the LKC Parent Guide, and agree to pay the balance of split tuition as indicated above by the due date.*

**Primary Owner**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Secondary Owner**

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

Date Received \_\_\_\_\_ PA Representative \_\_\_\_\_