

REGGIO & CO.

SCHEDULE VERIFICATION FORM

STUDENT FIRST NAME: _____

STUDENT LAST NAME: _____

LEARNING LAB DROP-IN REGISTRATION

Hours:

8AM - 5PM

Rate: \$80.00/Day (1 Day)

\$70.00/Day (3 or More Days)

DATE(S):

By signing below, I recognize that Learning Lab seats are allocated on a first-come, first-served basis and that payment is necessary to security my child's requested date(s).

NAME (Parent/Guardian)

SIGNATURE

DATE

SCHEDULE: SUMMER

START DATE: _____

If other than 1st day of summer program.

FULL TIME: 8AM - 5PM

MONTHLY

Mon. - Fri,	<input type="checkbox"/>	\$1,580
Kindergarten	<input type="checkbox"/>	\$1,380
Mon./Wed./Fri.	<input type="checkbox"/>	\$985
Tue./Thu.	<input type="checkbox"/>	\$705

PART-TIME: 8AM - 12:30PM

Mon. - Fri,	<input type="checkbox"/>	\$1,270
Mon./Wed./Fri.	<input type="checkbox"/>	\$875
Tue./Thu.	<input type="checkbox"/>	\$595

EXTENDED CARE:

7AM - 8AM	<input type="checkbox"/>	\$100
5PM - 5:30 PM	<input type="checkbox"/>	\$100

SCHEDULE: FALL

START DATE: _____

If other than 1st day of fall program.

**7% Discount
Included***

FULL TIME: 8AM - 5PM

MONTHLY

ANNUAL

Mon. - Fri,	<input type="checkbox"/>	\$1,580	<input type="checkbox"/>	\$13,959
Kindergarten	<input type="checkbox"/>	\$1,380	<input type="checkbox"/>	\$12,192
Mon./Wed./Fri.	<input type="checkbox"/>	\$985	<input type="checkbox"/>	\$8,702
Tue./Thu.	<input type="checkbox"/>	\$705	<input type="checkbox"/>	\$6,229

PART-TIME: 8AM - 12:30PM

Mon. - Fri,	<input type="checkbox"/>	\$1,270	<input type="checkbox"/>	\$11,220
Mon./Wed./Fri.	<input type="checkbox"/>	\$875	<input type="checkbox"/>	\$7,731
Tue./Thu.	<input type="checkbox"/>	\$595	<input type="checkbox"/>	\$5,257

EXTENDED CARE:

7AM - 8AM	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$70
5PM - 5:30 PM	<input type="checkbox"/>	\$100	<input type="checkbox"/>	\$70

***7% discount
applied if paid
by Sept. 1.**

The tuition rates stated on this form are subject to change at the discretion of Reggio & Co. Any changes to tuition rates will be communicated to the parents/guardians in writing with reasonable notice.

Fees (Non-Refundable): All fees and deposits must be paid within 7 days of submitting this application and are non-refundable in the event of applicant withdrawal, regardless of the reason.

\$100.00 Upon submission of this application, a non-refundable application fee of \$100.00 will be charged through PROCARE for each session.

\$300.00 A non-refundable deposit of \$300.00 will be charged through PROCARE for each session. This deposit will be applied as a credit in June for Summer deposits and in September for Fall deposits.

Individuals designated as the primary and secondary contacts accountable for tuition payments:

PRIMARY:

Name	Email Address	Phone
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SECONDARY:

Name	Email Address	Phone
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PROCARE PAYMENT CHARGES

ACH PAYMENTS:

\$1.00 Processing Fee

DEBIT CARD PAYMENTS:

2.7% Processing Fee + \$0.30 Charge

CREDIT CARD PAYMENTS:

2.7% Processing Fee + \$0.30 Charge

As the designated PRIMARY PARTY with responsibility, I hereby acknowledge my commitment to the total tuition amount indicated above unless written notice is given for an early withdrawal by the 18th of the month. Furthermore, I affirm that I have examined the PROCARE payment charges and accept responsibility for all charges incurred through PROCARE, depending on my selected payment method. I am also aware that credit card and debit card fees will be applied and reflected in my PROCARE account during the first week of the month for charges from the preceding month.

Signature

Date