# Mark Twain Elementary School
# After School Program
# Tuition/Fee Form: Spring 2012

**Student Name** | **Grade Level 2011 – 2012** | 2011/ 2012 Homeroom Teacher

**Name of person responsible for payment/billing** | **Relationship to child** | **Contact Numbers**

**Name of any other person responsible for billing *(if applicable)*** | **Relationship to child** | **Contact Numbers**

**Billing Street Address** / **City** / **State** / **ZIP**

**Email Contact for person(s) responsible for billing**

***I authorize Mark Twain Elementary ASP to disclose any information regarding my account to the following individual(s) (if applicable):***

**Name(s)**

- **List the total cost for your first option for Enrichment Classes on ITEM B below. If you do not get your 1st choice, , the 2nd payment due by Sept 2 will be readjusted. If you pay the entire amount NOW based on your first choice, your bill will be adjusted accordingly.*

***A. Extended Day Options (Write in the amount(s) for all that apply:***

| ***Extended Day Option:*** | ***Total Tuition:*** |
|---|---|
| Full-Time | $_____ |
| Half-Time | $_____ |
| Occasional Days | $_____ |
| Bridge Enrichment | $_____ |
| Early Dismissal Only | $_____ |
| Fee-based Homework Help | $_____ |

***Total for Extended Day Options*** $_____ **(A)**

***B. *Total Tuition for Enrichment Class(es):*** $_____ **(B)**

***C. Total Fees for Enrichment Class(es)*** ***(see Enrichment Class descriptions for any additional fees)***

$_____ **(C)**

***D. Any Late Fees incurred*** $_____ **(D)**

***(See timeline on front cover)***

***Grand Total of A-D:*** $_____ **(E)**

**Payment enclosed**

***(Check or Money Order made out to Mark Twain Elementary)(No Credit Cards/ No Cash)*** **$_____**

- **Must be at least 1/4 of Grand Total. If purchasing only occasional days, please pay in full.**

***Please Initial:***

1. _____ **Registration in Mark Twain Elementary After School Program is an acceptance of the Mark Twain Elementary ASP Contract Agreement/Safety Plan.**
2. _____ **I am submitting full payment based on my 1st choice for enrichment classes. I understand that the amount due may increase or decrease if my first choice is not met. The ASP will adjust my account accordingly and I will submit my payment (if necessary) by February 3, 2012.**
3. _____ **I am paying ¼ of the Grand Total based on my 1st choice for Enrichment Classes. I understand that the amount due may increase or decrease if my first choice is not met. My account will be adjusted accordingly and I will submit payment by February 3, 2012.**
4. _____ **I understand that a late payment fee of $10.00 will be added to my account if I do not submit my 2nd, 3rd and 4th payments by the due dates as specified on the Mark Twain Elementary After School Program Contract Agreement/Safety Plan.**

***Name****(person responsible for bill)* | ***Signature*** | ***Date***

***Name*** ***(person responsible for bill)*** | ***Signature*** | ***Date***

**Office Copy**

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