



Good Shepherd Lutheran Church and School

99 CENTRAL PARK ROAD, PLAINVIEW, NEW YORK 11803 (516) 349-1966

www.gsplainview.org

2020-2021 Payment Agreement

Child's Name: Last _____ First _____ M.I. ____ DOB: _____

Address _____ Phone (____) _____
Street Town State Zip

Preferred Email: _____

Program your child is enrolled in for 2020-2021 school year – please check one:

School Year Programs: September through June

Toddler:

- 3 Half Days AM
- 4 Half Days AM
- 5 Half Days AM
- 3 Full Days
- 4 Full Days
- 5 Full Days

Half-Day Nursery:

- 2 Days/week
- 3 Days/week
- 4 Days/week
- 5 Days/ week

Full Day Nursery:

- 3 Days/week
- 4 Days/week
- 5 Days/week

Full Day Pre-Kindergarten:

- 3 Days/week
- 4 Days/week
- 5 Days/week

Daycare/Extended Programs: July/September through August

(Please circle July or September)

Infants:

- 5 Days
(7:00 AM - 6:00 PM)

Toddler:

- 5 Days
(7:00 AM - 6:00 PM)

Nursery:

- 5 Days
(7:00 AM - 6:00 PM)

Pre-Kindergarten:

- 5 Days
(7:00 AM - 6:00 PM)

A first and last month deposit is required for all extended programs and payments are made on the 1st of each month.

Payment Method:

- Cash/Check
- Credit/Debit Card

School Program Tuition (Does not apply to monthly & Daycare/Extended programs)

I intend to pay my school-year program tuition: (Please "✓" your chosen payment plan)

- 1-Payment Plan
- 2-Payment Plan
- 8-Payment Plan

Due Due Due
 (7/15/2020) (7/15/2020 & 1/1/2021) (7/15, 9/1, 10/1, 11/1, 1/1, 2/1, 3/1, & 4/1)

- Continued - Please see other side -



Daycare/Extended Program Tuition

I intend to pay my daycare/extended program tuition with the first and last month's deposit due by July 15th, 2020. I understand that all daycare/extended program payments must be made on the 1st of each month.

Person responsible for making tuition payments: _____
(Please Print)

I have read the attached Payment Agreement defining the policies and procedures for all payments to Good Shepherd Lutheran School, including payment of Tuition and Before/ After Care.

I understand that changing to another program or days of attendance will result in a \$40 Change-of-Program Fee.

I understand that staffing, class configurations, and classroom locations are determined by the School Board and may change due to enrollment.

In filling out and signing this form, I acknowledge that all Payment Agreement documents have been read and I accept the terms.

Parent/Guardian Signature

Phone

Date