

**Bedford Early Education Program (BEEP)
Tuition Agreement
2016-2017 School Year**

Child's Name _____ DOB: _____

Child's Address _____ Phone (H) _____ (C) _____

Parent/Guardian Name (F) _____ (M) _____

E-mail (F) _____ E-mail (M) _____

**** All fields above are required****

| # Days of Attendance | Annual Cost | Monthly Cost (ACH or Check) | Semi-Monthly Cost (ACH only) |
|----------------------|-------------|-----------------------------|------------------------------|
| 2 | \$ 1,450 | \$ 145 | \$ 72.50 |
| 3 | \$ 1,800 | \$ 180 | \$ 90.00 |
| 4 | \$ 2,150 | \$ 215 | \$ 107.50 |
| 5 | \$ 2,500 | \$ 250 | \$ 125.00 |

Check ONE of the following tuition payment options:

By Cash/Check: ___ One installment of \$ _____, in payment of full tuition, due by September 1, 2016.

___ Nine monthly installments of \$ _____, due September 1, 2016 through May 1, 2017.

Coupon book required? YES NO

By ACH – complete all sections below:

I authorize the Bedford School District to initiate electronic debit (ACH) entries from my (**check one**):

___ Checking account (Attach Voided Check) OR ___ Same Checking account as deposit attached

___ Savings account Routing# _____ Account# _____

Monthly Payment Options (check one):

___ 1st of month ___ 15th of month ___ ½ payment 1st and 15th of month

Total number of payments _____ Payment Amount _____ Starting Date _____
(7 days notice required)

I/We, _____, parent(s)/guardian(s) of _____, agree to pay the annual cost of tuition to the Bedford School District for the option selected above, for my/our child's attendance in the Bedford Early Education Program during the 2016-2017 school year. ***I/We understand the deposit collected at time of enrollment will be credited to June, 2017 tuition.***

If I/We have chosen the ACH option, I/We acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

I/We understand and agree to the above tuition agreement, and further acknowledge acceptance of the Terms and Conditions as outlined on the reverse of this form.

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

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Terms and Conditions

1. Checks should be made payable to: **Bedford School District**.
Please mail or drop off to: Bedford School District, 103 County Road, Bedford, NH 03110.
2. In order for the student to start the program, the Tuition Agreement, the deposit (June, 2017) and September payment must be received.
3. The deposit is non-refundable, except when the parent(s)/guardian(s) can provide evidence that the family is relocating outside of the Bedford community. Proof of relocation is required (i.e., purchase & sale agreement for new home, enrollment records of child in new school, proof of withdrawal from Bedford school, etc.).

Any request for a refund must be in writing to the Superintendent of Schools.

4. This agreement will remain in effect until the full tuition has been collected for the school year. Tuition will not be adjusted for school cancellations due to inclement weather, major holidays/vacations, or student absences.
5. Tuition for a second child enrolled in the program, or qualification for free/reduced lunch will result in a 50% proration of the stated annual tuition.
6. The Bedford School District will charge a \$25 fee for any returned payments due to insufficient funds, closed accounts, etc. Cash or money order will be required for the remainder of the school year if three or more returned payments are received.
7. Tuition payments that more than thirty (30) days past due may result in the removal of student from the Bedford Early Education Program.

Additional Terms and Conditions- ACH payment option

1. This authority will remain in effect until the payments authorized have been completed, exclusive of any fees required to collect payment on unpaid installments, or that I have cancelled in writing.
2. The Bedford School District will charge a \$25 fee for any returned ACH payments due to insufficient funds, closed accounts, etc. Two or more dishonored payments may result in the ACH payment option being inactivated until the following school year.
3. The District's Central (SAU) Office must receive notification, in writing, at least 7 business days in advance, of any changes (i.e. changes in bank account, payment option, etc.) or cancellation of the above agreement. It is the responsibility of the parent/guardian to insure this notification was received in a timely manner in order for the change to occur.