

**ZION BUDS OF PROMISE CHRISTIAN ACADEMY  
2018 – 2019 Day Care APPLICATION AGREEMENT**

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Program:  Partial Day (< 5 hrs)     Full Day (5 - 10 hrs)     Extended Care (> 10 hrs or 5:30 – 6:00 p.m.)

Child's reserved class slot is:  Mon.     Tues.     Wed.     Thurs.     Fri. between

the hours of \_\_\_\_\_ and \_\_\_\_\_ at a rate of \$ \_\_\_\_\_ per week.

I understand that Zion Buds of Promise is not a "drop-in" center, that I am contracting to reserve a class slot, that the tuition rate must be paid on the first business day of each week (state-determined co-pays on the first business day of each month) regardless of attendance to maintain the class slot and that withdrawn families choosing to re-enroll must pay a re-enrollment fee.

Initials

- My payment is state subsidized. I will pay the state-determined co-pay amount on the first business day of each month along with any outstanding account balance.
  
- My payment is not currently state subsidized, but I have applied. If my subsidy application is not approved, I understand that I am responsible for paying the full per week tuition amount for all weeks enrolled. If my subsidy application is approved, I understand that my advance payments will be returned to me (less appropriate fees and co-payment amounts) when Zion receives my Action for Children approval letter and payment covering the time attended.
  
- My payment will not be state subsidized. I will pay the full tuition amount on the first business day of each week along with any outstanding account balance.

Transportation Service Name, Telephone

Est. Pick Up Time

Est. Drop Off Time

I (We), the undersigned, have read and do agree to abide by the terms, conditions, and procedures outlined in the Zion Buds of Promise Christian Academy Parent Handbook.

\_\_\_\_\_  
Father or Guardian's Printed Name

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
Mother or Guardian's Printed Name

\_\_\_\_\_  
(Signature)

I (We), were recommended to Zion by: \_\_\_\_\_

I (We) are active members or regularly attend the following church:

\_\_\_\_\_  
(Church Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Pastor's Name)

\_\_\_\_\_  
(City/State/Zip Code)