



GMS Sensory Motor Integration
S.M.I.L.E. Program Tuition Agreement

Child's Name: _____

You have enrolled for the S.M.I.L.E. program

Monday Tuesday Wednesday Thursday Friday A.M

Monday Tuesday Wednesday Thursday Friday P.M

Tuition for a school year from September through June. Your school year tuition is _____. The school year is divided into 12 equal payments of: _____.

There are no refunds for any payments.

If for any reason your child is withdrawn from the S.M.I.L.E. program, you must give one month written notice and pay for that month, whether your child is in attendance or not.

The payments are due on the following dates. (Please note: The payments do not correspond to the months of school.) The first payment is due upon enrollment along with the registration fee of \$85.00 and is non refundable.

Payment #1 Due upon enrollment, along with the registration fee.

Your 1st payment is _____ plus \$85.00 = _____.

Payment #2 Due: August 1 st	Payment #7 Due: January 1 st
Payment # 3 Due: September 1 st	Payment # 8 Due: February 1 st
Payment # 4 Due: October 1 st	Payment #9 Due: March 1
Payment #5 Due: November 1 st	Payment #10 Due: April 1 st
Payment #6 Due: December 1 st	Payment #11 Due: May 1 st
	Payment #12 Due: June 1st

I understand and agree to pay the above yearly tuition to the GMS S.M.I.L.E. program. If for any reason my child is withdrawn from the S.M.I.L.E. program, I understand I must give one month written notice and pay for that month whether my child is in attendance or not. I understand there are no refunds. I agree to pay \$50.00 for any returned checks. I understand that if my payment is not received by the 5th of each month, the SMILE program will automatically charge my credit card on file, the tuition amount in addition to a \$25.00 late fee . I understand all credit card charges will have an additional \$2.50 service charge for every \$100.00.

Credit Card #

Card Type

Expiration

Print Name

Signature