







**TUKWILA**  
 PARKS & RECREATION  
 GOOD HEALTHY FUN

# PAYMENT POLICY AGREEMENT

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

\_\_\_\_\_  
**Child's Name**

Monthly payment is due on the 1st of the month. For weekly participants, payment is due on the Monday prior to the week of enrollment. If payment is not received by the payment deadline, a \$10.00 late fee will be added to your account and your child will be dismissed from the program until the balance is paid in full. Those dismissed from the program due to non-payment or late payments will be allowed to return only when payment is received in full, space permitting.

Participants on the waiting list will be given 48 hours to make payment. If payment is not made within that time, the next person(s) on the waiting list will be notified.

**Upon enrollment in our Youth Programs, I understand my child is registered and payment will be collected for the duration of the program, or until two weeks written notice is received by the Youth Recreation Coordinator.**

**Program Fees:**

**Early Birds**

Daily Rate \$10 resident/\$10 non-resident  
 Weekly Rate \$40 resident/\$72 non-resident  
 Monthly Rate\* \$100 resident/\$180 non-resident

**A.S.A.P. (After School Activity Program)**

Daily Rate \$15 resident/\$15 non-resident  
 Weekly Rate \$50 resident/\$90 non-resident  
 Monthly Rate\* \$140 resident/\$252 non-resident

**Combo Rates**

**Early Birds & ASAP**

Daily Rate \$20 resident/\$20 non-resident  
 Weekly \$80 resident/\$144 non-resident  
 Monthly\* \$216 resident/\$389 non-resident

**\*Monthly rates listed are estimates. Actual monthly fees will vary according to the amount of school days in a given month.**

**No School Day Camp**

\$35 resident/\$42 non-resident

**Daily rates for 'Break Camps' is \$40.00 for residents (\$48 for non-residents).**

There will be a late charge of \$1.00 per minute for those children not picked up by 6:00 pm. King County Child Protective Services will be called after 7:00pm.

By signing below I acknowledge that I have read, understand, and agree to comply with the aforementioned policies.

X \_\_\_\_\_  
 Parent/Guardian Signature

\_\_\_\_\_  
 Date