



Buncombe Street Methodist Church Child Development Center
 200 Buncombe Street | Greenville, SC 29601
 Church Office (864) 232-7341
 (864) 233-5050 | fax: (864) 242-4478



TUITION CONTRACT – FULL DAY PROGRAM

For my child, _____, I/We agree to pay Buncombe Street Child Development Center the following tuition fee for the Full Day Program services, 2026/2027. **Please check your choice of payment plan:**

MONTHLY payment due by the 5th of the month 5:30 PM

_____ \$1,225.00 Infants/Toddlers (DT Campus: Flower Garden, Lily Pad, Butterfly Garden, Robins Nest, Secret Garden, Chipmunk Burrow & Babbling Brook.

_____ \$1,100.00 Twos/K3/4/5 (DT Campus: Ladybug House, Fish Pond, Bee Hive, Duck Pond, Owl’s Hollow & Rabbit’s Hole.

SEMI-MONTHLY payment due on the 5th and 20th of the month by 5:30 PM

(Auto draft is not available for Semi-Monthly Payment option)

_____ \$612.50 Infants/Toddlers _____ \$550.00 Twos/K3/K4

Please initial your agreement:

_____ I/We understand that there is a Non-Refundable Registration Fee of \$250.00 (infant-2-K), \$150.00 (K-3 and K-4).

_____ I/We understand that if my payment is late there will be a \$25.00 late tuition fee charged to my tuition account.

_____ I/We understand that if my tuition check is returned, there is a \$30.00 returned check fee due.

_____ I/We understand that if my account is 30 days in arrears, (unless arrangements have been made with the CDC Accountant and approved with the CDC Board) childcare services will be terminated.

_____ I/We understand that there is a \$10.00 late fee if my child is picked up from 5:31-5:45 PM. I also understand that there will be a \$5.00 per minute charge for each additional minute after 5:45 PM. Every late pick-up fee must be paid by cash or check to an administrator prior to dropping off your child the next day. If your child is picked up late more than three times in a four-week period, your child will be suspended for 2 business days. If late pick-ups continue the CDC Board reserves the right to remove your child from the program.

_____ I/We understand that a two-week advance notification of my child’s last day of attendance at BSCDC is required. The notice will begin the Monday after the written notice is received.

_____ I/We understand that tuition is on a monthly basis and **will not be prorated on a daily basis.**

Parent’s Signature(s)

Date

BSCDC Representative

Date

Rates are in effect until May 31, 2027, unless otherwise noted.

Revised 3/3/2026