

**Family Services - Murrieta Valley Unified School District**  
**24/25 SEED Tuition Based Contract and Weekly Tuition Rates**  
*Effective July 1st., 2024*



Grade	Description	Schedule	PART-TIME	FULL-TIME	Session Desired
			1 to 3 Days	4 to 5 Days	
K	Before School (for AM K)	6:30 until Kinder Class Start	\$55.00	\$70.00	<input type="checkbox"/>
K AM or PM	Students attending Extended School Day	AM or PM Kinder Extended School Day	\$80.00	\$105.00	<input type="checkbox"/>
K	After School	AM or PM Extended School Day until 4:30	\$105.00	\$125.00	<input type="checkbox"/>
K	After School	AM or PM Extended School Day until 6:00	\$135.00	\$165.00	<input type="checkbox"/>
K	Before and After School	6:30 with Kinder AM or PM Extended School Day	\$115.00	\$150.00	<input type="checkbox"/>
K	Before and After School	6:30 until 4:30	\$135.00	\$165.00	<input type="checkbox"/>
K	Before and After School	6:30 until 6:00	\$165.00	\$190.00	<input type="checkbox"/>
1 <sup>st</sup> -5 <sup>th</sup>	Before School	6:30 until Class Start	\$55.00	\$70.00	<input type="checkbox"/>
1 <sup>st</sup> -5 <sup>th</sup>	After School	Class Release until 4:30	\$55.00	\$70.00	<input type="checkbox"/>
1 <sup>st</sup> -5 <sup>th</sup>	After School	Class Release until 6:00	\$80.00	\$105.00	<input type="checkbox"/>
1 <sup>st</sup> -5 <sup>th</sup>	Before and After School	6:30 until 4:30	\$95.00	\$115.00	<input type="checkbox"/>
1 <sup>st</sup> -5 <sup>th</sup>	Before and After School	6:30 until 6:00	\$115.00	\$150.00	<input type="checkbox"/>

A \$100.00 per child or \$170.00 per family (non-refundable) registration fee is due at the time of enrollment. We offer a 10% sibling discount for each additional child. *Discount will be applied to oldest child.*

**\* Camps: Fall (Nov 25-27), Winter (Dec 23-Jan 10), Spring (March 31-April 3), Summer (June 10-Aug ?).**

Camp flyers with sign up information will be emailed to families prior to the start of camp. They will also be available on our web site.

Childs Name \_\_\_\_\_ Grade \_\_\_\_\_ SEED Site \_\_\_\_\_ Start Date \_\_\_\_\_ Days:  M  T  W  Th  F

**Authorized Account Holders:**

Parent A: \_\_\_\_\_ Parent B: \_\_\_\_\_ Account Holder's Signature: \_\_\_\_\_

Statements will be emailed to: \_\_\_\_\_

**Payment is due before first day of service and on the first school day of each week there after. Rates subject to change with 30 days notice**

<b>TO BE COMPLETED BY ENROLLING STAFF</b>					
Registration Fee: \$ _____	Weekly Fee: \$ _____	Sibling Discount: \$ _____	Total Paid \$ _____	MO# _____	Receipt # _____
Enrollment Interviewer: _____		Date: _____			