

**ENROLLMENT / TUITION AGREEMENT  
PRESCHOOL / CHILDCARE  
SCHOOL YEAR—(2018-2019)**

My child, (Please print) \_\_\_\_\_ is enrolled for: (Please circle which program you are enrolling in)—Preschool (2 ½ HOURS / DAY) or Childcare (ALL DAY)

**PRESCHOOL PROGRAM (2 ½ HOURS PER DAY)** TEACHER/ CLASS ATTENDING: \_\_\_\_\_

AM DAYS ATTENDING: \_\_\_\_\_ PM \_\_\_\_\_ MWF

**CHILDCARE PROGRAM (ALL DAY)** TEACHER/ CLASS ATTENDING: \_\_\_\_\_

DAYS ATTENDING: \_\_\_\_\_

Registration Fee of \$\_\_\_\_\_ paid (non-refundable)---\$50.00 (1 CHILD); \$100.00 (FAMILY)

Child's Birthday \_\_\_\_\_

Weekly Childcare tuition payment due the first school day of every week \$\_\_\_\_\_

Monthly Preschool tuition payment due the first school day of each month \$\_\_\_\_\_

- The parent/guardian agrees to be responsible for the tuition payment of the agreed upon, scheduled days for the school year.
- The parent/guardian agrees to pay the tuition payment for **Childcare (if applicable)** on the first day of attendance **each week** or for **Preschool (if applicable)** on the first day of attendance **each month**.
- **The parent/guardian understands that if payment is not made by Friday of each week (for childcare if applicable) they are subject to a late fee of \$10.00 being added to their balance each week until balance is paid in full. The parent/guardian understands if payment is not made by the 15<sup>th</sup> of each month (for preschool if applicable) they are subject to a late fee of \$20.00 being added to their balance on the 15<sup>th</sup> of each month that their outstanding balance is not paid in full.**
- The parent/guardian understands they are subject to a \$25.00 fee assessed for a returned check. If more than one check is returned, checks will no longer be accepted for payment and payment must therefore be made by cash, bank check, or money order.
- The parent/guardian understands that scheduled days are established by the Preschool / Childcare Center. **Fees will not be waived or refunded for school days missed due to family vacations, illness, or for any other reason. The parent/guardian understands that the only days they will not be billed for (only for childcare children) are the days the Childcare Center is closed. There are no adjustments on fees for days where there is no preschool.**
- **By signing this preschool / childcare enrollment/tuition agreement I understand and I will abide by the “terms and conditions for attending this preschool / childcare”.**

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent / Guardian Name (please print) \_\_\_\_\_

Complete Address:

Street \_\_\_\_\_

City \_\_\_\_\_, State \_\_\_\_\_, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_, Work \_\_\_\_\_, Cell phone \_\_\_\_\_

Email \_\_\_\_\_

**WE DO NOT SEND OUT PAYMENT STATEMENTS!**