



**ENROLLMENT / TUITION AGREEMENT
PRESCHOOL / CHILDCARE
SCHOOL YEAR—(2021-2022)**

My child, (Please print) _____ Birthday: _____ is enrolled for:

Program & Days Attending: (Please Circle)

Preschool (2 ½ hr.)

Childcare: (All Day)

9 - 11:30 am: M T W TH F

M T W TH F

OR

12 - 2:30 pm: M W F

Class: _____

Your Monthly Preschool tuition rate of \$ _____ due prior to the 10th of the current month.
(Payments not made prior to the 10th of the current month will be charged a \$10 fee each week until paid in full)
(1 month of unpaid tuition may result in the expulsion of your child until balance is paid in full.)

Your Weekly Childcare tuition rate of \$ _____ due the beginning of every week.
(Payments not made by the last day each week will be charged a \$10 fee each week until paid in full)
(2 weeks of unpaid tuition may result in the expulsion of your child until balance is paid in full.)

A registration fee of \$ _____ must be paid prior to acceptance of enrollment paperwork.
\$50.00 (1 CHILD) \$100.00 (FAMILY) (All registration fees are non-refundable)

- The parent/guardian agrees to be responsible for the tuition payment of the agreed upon, scheduled days for the school year.
- The parent/guardian understands they are subject to a \$35.00 fee to be assessed for any returned check. If more than one check is returned, checks will no longer be accepted for payment, all future payments must be made by cash, bank check, or money order.
- The parent/guardian understands that scheduled days are established by the 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 Childcare children will not be billed for are the days the Childcare Center is closed.
- There are no adjustments of fees for Preschool tuitions.
- By signing this enrollment/tuition agreement I understand and I will abide by the above mention conditions.

Parent / Guardian Signature _____ Date _____

Parent / Guardian Name (Print) _____

Registration Fee:

Amount: _____ Check # _____ or Cash _____ Recvd. _____

Date Received: _____ By: _____

Date Processed: _____ By: _____