



Preschool Tuition Agreement 2020-21

Student Last Name: _____ First Name: _____ Gender: Male Female

Date of Birth: _____ Age: _____ Phone: _____

Parent Last Name: : _____ First Name: _____

Parent Last Name: : _____ First Name: _____

Address _____ City _____ State _____ Zip _____

Email Address (required for invoices & statements): _____

2020-21 Tuition Fees:

*Your child will only attend school on the days selected. Changes are only allowed once/quarter and will be based on availability. All changes must be in writing.

My child will attend the program I have marked below:

Tuition

_____ Primary Program **Three** (3) Full Days 7:50 am – 3:05 pm \$114.00/week
_M _T _W _TH _F

_____ Primary Program **Four** (4) Full Days 7:50 am – 3:05 pm \$152.00/week
_M _T _W _TH _F

_____ Primary Program **Five** (5) Full Days 7:50 am – 3:05 pm \$170.00/week

_____ Primary Program **Five** (5) Half Days 7:50 am – 11:20 am \$100.00/week

Please initial each line below that you have read and understand each statement.

___ Latchkey is available before school starting at 7 am and until 6 pm after school. Afternoon latchkey is an additional charge of \$4/hour and is billed and paid separately. There is no charge for morning latchkey.

___ Payments can be made in cash, check, or credit card. Cash and check payments can be dropped off in the payment box in the classroom. Credit card payments must be made in the Bookkeepers office next to the main office of CMA.

___ Tuition is due one week in advance and is due the Monday of each week.

___ No refunds will be issued for absences due to illness or non-attendance. One week of vacation tuition free. Request must be in writing and include dates and must be turned in at least one week prior.

___ If preschool is not scheduled on a day you attend, you will not be charged. You will not make up the day that week.

___ Non-sufficient funds fee \$25.00 will be charged to your account for returned checks.

___ If payment is more than 1 week behind, you will be notified your child cannot attend until tuition is paid in full.

___ If you qualify for payments by DHS, you will be required to pay the difference that is not covered by the state.

A NON-REFUNDABLE TUITION DEPOSIT OF \$50.00 IS DUE AT THE TIME OF ENROLLMENT

As the parent or legal guardian of the student(s) referred to on this agreement hereof or person who assumes the financial obligation herein, I understand and agree to the following:

- Tuition will be prepaid and no refunds will be given for absences. (Teachers are employed and materials are purchased based on enrollment)**
- Tuition deposit is due at the signing of this agreement.**
- Two weeks written notice is necessary to terminate this agreement or you may agree to pay two weeks of tuition.**
- No refunds will be issued for absences due to illness or non-attendance.**

I have read and understand, accept and agree to the terms and conditions of this agreement.

Signature of Parent/Guardian

Social Security Number (if making payments)

Date