## 2024-2025 FINANCIAL AGREEMENT

| CHILD's NAME:   |  |  | DOB:  | shado  |  |
|---|--|--|---|--|--|
| Preschool hours are 7:00 am t<br>I understand that a late fee of \$1.0  | to 5:30 pm. <b>Drop-off times are from</b> 10 per minute will be added to my a child after 9:00am. All holidays are  | ccount <b>if</b>                                     | n - 9:00am. Pick-up times<br>f I am late picking up my  | are from 2:30pm - 5:30pm.<br>child. I am aware that I am to call   |  |
| ,, ,  | the center is  |  |   |  |  |
|   | ENROLLMENT: FEI  | ES & S   | SCHEDULE  |  |  |
|   | *All Enrollment Fees are   |  |   |  |  |
| New Student Application Fee   |  |  | 125 Kindergarten  | Due at time of enrollment  |  |
| Program Enrollment Fee  | Returning Families   |  |   | Due at time of enrollment  |  |
|   | \$400 (9mo-PreK)   | \$550 (9mo – PreK)                                   |   | -  |  |
|   | \$500 (Kindergarten)   | \$650 (Kindergarten)                                 |   |  |  |
|   | \$700 (Family Cap)   | <b>\$</b>  | 850 (Family Cap)  |  |  |
|   | LY TUITION – DUE & P.  |  |   |  |  |
| INFANT / TODDLER  | PROGRAM *Full-Time On  | ly – No  | Part-Time Option  |  |  |
|   | • Toddlers (9-23 Mos)  |  |   | <b>\$1,055</b>   |  |
|   | TWO & THREE-YEAR   | -OLD F   | PROGRAMS  |  |  |
| *Three  | e's MUST be FULLY Potty-Traine   | d for th   | e Three-Year-Old Prog   | ram  |  |
| AGE GROUP   | FULL TIME (4+ a  | lays)  | 3 DAYS (M/W/F   | 2 DAYS (T/Th)  |  |
| • Two's   | \$995  |  | <b>\$750</b>  | \$610  |  |
| • Three's   | \$950  |  | \$725   | <b>\$</b> 590  |  |
| K4  | 4 PRE-K PROGRAM *Child   | MUST   | be 4 by August 1st  |  |  |
| • PreK FULL Day (M-F 8:3  | 30am – 3:00pm) *extended co  | are incl   | uded in Tuition   | <b>\$</b> 890  |  |
|   | DERGARTEN PROGRAM *(   |  |   | st 1st   |  |
|   |  |  |   | <b>\$</b> 890  |  |
| the 5 <sup>th</sup> of the month and if not poreceived. NO reductions are mad child's enrollment will be termina administration staff if my account WITHDRAWL OR CHANGE II I understand that the presform prior to any change in my chof tuition if a 30-day notice is not I have read, understand, | de for sick/vacation time taken. I<br>ated. *Work subsidies/tuition rei<br>t is not current.  N SCHEDULE<br>school requires a 30-day notifica<br>hild's schedule or withdrawal fro | onth, m<br>f my ac<br>mburse<br>ation Al<br>om the o | y child will not be able count is in arrears for rements of any kind will ND completion of a "we center. I will be response | e to attend until full payment is<br>more than 10 weekdays, my<br>not be signed by the<br>ithdrawal / change in schedule<br>nsible for any resulting balance |  |
| PRINT: Parent/Guardian  | SIGNATUR   | SIGNATURE: Parent/Guardian                           |   | Date   |  |

Discount Applied:
(Only one discount per child)

Enrolled in Subsidy Program? (circle one) Y / N

For Office Use Only:

Date Applied to Billing\_

Other

10% - Sibling Discount

Organization:\_

Staff:

5% - Military/Fire/Police