

REGISTRATION AGREEMENT

Child's Name _____

Person Financially Responsible for Account _____

Relationship to Child _____

Driver's License Number _____ Social Security # _____

Residence Address _____

Home Telephone _____ Business Telephone _____

Employer _____

Address _____ Date Employed _____

Spouse's Name _____

Driver's License Number _____ Social Security # _____

Employer _____

Address _____

Nearest Relative Not Living With You _____

Address _____

Home Telephone _____ Business Telephone _____

We are open from _____ to _____, Monday thru Friday. We are closed for most national holidays.

The registration fee is not refundable.

Enrollment in each class is limited and expenses for the school continues regardless of attendance; therefore, there are no deductions, credits or refunds can be made for absences, vacations, or holidays. If a long absence is anticipated, please contact the school office.

Supplemental activity fees may be assigned during the year to help cover the costs of special events. Supplemental insurance fees will be assigned each January. A supplemental summer fee will be assigned each June. Tuition fees and supplemental charges are stated on the tuition schedule.

A \$25.00 service charge will be added to accounts for each returned check.

Payment Options: Auto Draft Prepaid Check Credit Card

Weekly payments are due in advance every Monday, or the first day of attendance each week. A late charge of \$15.00 per week will be charged if payment is not in by Wednesday. Each week's attendance is contingent upon the receipt of full payment for the preceding week.

Monthly payments are due by the 5th of each month. A late charge of 4% will be charged on the 6th and an additional 1% every week thereafter.
_____ (initials)

Your account will be billed: Weekly Monthly

Part Day (includes preschool private classes or other regularly scheduled hours.) . . . Schedule: _____

Full Day . . . Schedule: _____ Other: _____

I have discussed the fees for my child and agree to pay \$ _____ beginning _____. I realize that current fees are subject to change as costs increase, and I agree to comply accordingly. Parents will be notified at least 30 days in advance of a change in rates.

Parent's Signature

Date

Authorized Signature

Date

Spouse's Signature

Date

School location