

# Trinity Lutheran Preschool Tuition Agreement

## Preschool School Year 2024-2025

My child, (Please print) \_\_\_\_\_ is enrolled for Trinity's Lutheran Preschool Program. (Please check program)

- | Monthly ( minus the reg. fee)                    | 2 installments  |
|--|---|
| • ____ 3K Mon. & Tue. (2 days) \$750/ \$83 month | _____ \$375 Sept. 1 <sup>st</sup> /\$375 Nov. 1 <sup>st</sup> |
| • ____ 3K Wed.- Fri. (3 days) \$900/ \$100 month | _____ \$450 Sept. 1 <sup>st</sup> /\$450 Nov. 1 <sup>st</sup> |
| • ____ 3K Mon.- Fri. \$1,050(5 days) \$117 month | _____ \$525 Sept. 1 <sup>st</sup> /\$525 Nov. 1 <sup>st</sup> |

Registration Fee of \$ \_\_\_\_\_ paid (non-refundable)---\$50.00 per child.

Child's Date of Birth: \_\_\_\_\_

Monthly Preschool Tuition payment due 15<sup>th</sup> of every Month from September 2024 to May 2025 school.

- The parent/guardian agrees to be responsible for the tuition payment and agrees upon the scheduled days for the school year.
- The parent/ guardian agrees to be responsible to pay the tuition payment on the 15<sup>th</sup> of the attendance each month.
- **The parent/guardian understands that if payment is not made by the 15<sup>th</sup> of each month from September to May a \$10.00 late fee will be applied to their remaining balance each month until the balance is brought up to date.**
- The parent/guardian understand they are subject to reimburse Trinity Lutheran Preschool for any fees charged by Trinity's bank for any returned checks. If more than two checks are returned, checks will no longer be accepted for payment. And payment must therefore be made by cash, bank check or money order. Non payments will be addressed at Trinity's Education Meeting and repercussion decided will be executed, suspension of student may occur, until account is up to date.
- The parent/guardian understands that scheduled days are established by Trinity Lutheran Preschool. Fees will not be waived or refunded for school days missed due to family vacations, illness, snow days, scheduled closings.
- **By signing this preschool tuition agreement I understand and I will abide by the terms and conditions for attending Trinity Lutheran Preschool.**

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

Parent/Guardian Name(Print) \_\_\_\_\_

Address(Print) \_\_\_\_\_

Home Phone/Cell \_\_\_\_\_ Email \_\_\_\_\_

**Confirmation of monthly payment and remaining balance will be given monthly in your child's communication folder provided by Trinity's Lutheran Preschool.**