POLICY AND FINANCIAL AGREEMENT

THE FOLLOWING FORM WILL SERVE AS A FINANCIAL AGREEMENT BETWEEN LYRICAL CITY PRESCHOOL AND THE PARENTS OR GUARDIANS OF:

_____.

(CHILD'S NAME)

MY CHILD WILL BE ATTENDING _____DAYS PER WEEK ON THE FOLLOWING DAYS: (PLEASE CHECK) ☐M ☐T ☐W ☐TH ☐F

MY CHILD WILL BE IN THE FOLLOWING CLASS: (PLEASE CHECK)

☐ INFANT 1:4 (6 WKS – 18 MOS) ☐ TODDLER 1:6 (18 MOS – 30 MOS) ☐ PRESCHOOL 1:12 (2YRS – 3.5YRS) ☐ PRE-K 1:12 (3.5YRS – 5YRS)

I AGREE TO PAY THE FOLLOWING TUITION MONTHLY $_____ _____(INITIAL)

REGISTRATION FEE: _____ (INITIAL)

I UNDERSTAND THAT A $250.00 NON-REFUNDABLE REGISTRATION FEE IS TO BE PAID AT THE TIME OF REGISTRATION AND $200 AT THE BEGINNING OF EACH SCHOOL YEAR THEREAFTER.

PAYMENT SCHEDULE: _____ (INITIAL)

I UNDERSTAND THAT TUITION IS DUE ON THE FIRST (1ST) OF EVERY MONTH. PARTIAL PAYMENTS MAY BE ARRANGED WITH THE OFFICE AND WILL BE CHARGED AN ADDITIONAL $5.00 SERVICE FEE PER PAYMENT. I AGREE TO PAY TUITION NO LATER THAN 5 DAYS AFTER IT IS DUE. IF I DO NOT PAY TUITION WITHIN THE 5-DAY GRACE PERIOD, I WILL INCUR A $25.00 LATE FEE. I FURTHER UNDERSTAND IF MY TUITION IS DELINQUENT MORE THAN TWO (2) WEEKS I WILL BE RESTRICTED FROM BRINING MY CHILD TO SCHOOL UNTIL THE BALANCE IS PAID IN FULL WHICH MAY RESULT IN MY CHILD LOSING HIS/HER PLACEMENT IN THE PROGRAM. NO EXCEPTIONS PLEASE.

WITHDRAWAL FROM PROGRAM: _____ (INITIAL)

I AM REQUIRED TO GIVE A MINIMUM 30-DAY WRITTEN WITHDRAWAL NOTICE FROM THE PROGRAM. I AM RESPONSIBLE FOR PAYING THE 30 DAYS FOLLOWING THE DATE I GAVE A WRITTEN NOTICE. NO EXCEPTIONS.

HOLIDAYS: _____ (INITIAL)

I UNDERSTAND THAT I WILL NOT RECEIVE A DISCOUNT FOR THE HOLIDAYS OR ON DAYS WHICH THE SCHOOL IS CLOSED AND THAT TUITION WILL REMAIN THE SAME EVERY MONTH AS VACATION DAYS, TEACHERS' IN-SERVICE DAYS, AND EARLY RELEASE DAYS ARE ALL FACTORED INTO THE MONTHLY TUITION FEES.

LATE FEES: _____ (INITIAL)

I UNDERSTAND THAT MY CHILD MUST BE PICKED UP NO LATER THAN 6:00 PM OR I WILL BE CHARGED A LATE FEE OF $1.00 PER MINUTE PER CHILD FOR THE FIRST 10 MUNUTES ACCORDING TO THE SCHOOL CLOCK. ANYTHING AFTER WILL BE $5 PER MINUTE. LATE PICK-UP FEES ARE BILLED TO THE THE MONTHLY ACCOUNT.

DISCOUNTS: _____ (INITIAL)

I UNDERSTAND THAT THERE IS A 10% SIBLING DISCOUNT FOR A SECOND CHILD AND EVERY CHILD THEREAFTER ONLY IF ALL CHILDREN ATTEND FULL TIME.

SUBSIDIZED PROGRAMS: _____ (INITIAL)

PARENT(S) OR GUARDIAN(S) OF CHILDREN WHO ARE ON COUNTY OR GOVERNMENT FUNDED TUITION ASSISTANCE PROGRAMS ARE RESPONSIBLE FOR ALL TUITION PAYMENTS AND FEES NOT COVERED BY SAID PROGRAMS. INCLUDING BUT NOT LIMITED TO PAID VACATIONS AND SICK DAYS. I UNDERSTAND THAT I AM FULLY RESPONSIBLE FOR PAYMENT IF THERE IS A CONFLICT, DISAGREEMENT, OR DISCREPANCY WITH SAID PROGRAMS.

PARENT(S) OR GUARDIAN(S) FINANCIALLY RESPONSIBLE FOR TUITION PAYMENTS:

EMPLOYMENT INFORMATION:

FATHER'S EMPLOYER _____. EMPLOYER ADDRESS: _____

EMPLOYER PHONE: _____. FATHER'S SS# _____ - _____- _____

MOTHER'S EMPLOYER _____ EMPLOYER ADDRESS: _____

EMPLOYER PHONE:_____. MOTHER'S SS# _____-_____-_____

PARENT SIGNATURE: _____. DATE:_____