



FINANCIAL AGREEMENT FORM

I am the parent or legal guardian of (Child's Name)_____.

*I agree to abide by the requirements written below and the policies set forth in the **Parent Handbook**.*

*In return for this promise of continual fulfillment of all policies, Mt. Calvary Church & Preschool program agrees to provide the very best educational program and care for the above named child that meets the standards and guidelines as set forth below and in the **Parent Handbook**.*

I understand that the following tuition amount is due each month:

Tuition payment of \$_____ per month.

*If my child is not picked up at dismissal of the class, I will pay the required late fees as stated in the **Parent Handbook**.*

I understand that there is no reduction of fees when my child is on vacation, sick or absent from the Preschool for any reason. When we are closed with La Grange ISD school district and for other closures, there is no reduction. All fees have been prorated for the year.

*I understand there is a returned check fee of **\$25.00**.*

When withdrawing a child from the Preschool program, a written notice to the administrator is required two weeks in advance. If two weeks advance notice is not given, tuition will be paid for those two weeks.

X

X

Parent/Guardian Signature

Date

Administrators Signature

Date