

### Tuition and Fees Agreement

I accept the offer of admission for \_\_\_\_\_ to attend  
(child's name)

Winfree Memorial Preschool as a student for the 2018-2019 school year.

I acknowledge responsibility for all tuition and fees resulting from my acceptance of the offer of admission to Winfree Memorial Preschool, and further agree that in the event of default or the return of my check for insufficient funds, I will be responsible for penalties, collection fees or attorney's fees incurred in the collection of whatever funds are due.

#### Tuition Policy

For your convenience, we have broken down the yearly tuition rates into nine equal installments. Tuition is due at the first of every month for that month. Please note that we **do not** send out bills. Checks should be **made payable to Winfree Preschool**. Payments may be made in advance if desired. Payments may be made by check, money order, or cash. Winfree Preschool is a non-profit organization which depends upon tuition to operate and minister to our families, therefore accounts must be current and in good standing.

In order to secure your child's enrollment we would appreciate timely payment. If your child's account becomes delinquent by more than one month, **your child may not attend** until a payment plan has been arranged by the Preschool Director. Tuition is due by the first day of each new month. If your tuition payment is past the 10<sup>th</sup> of the month a **\$25 late fee** will be charged to your account.

If a check is returned due to insufficient funding a **returned check fee of \$25.00** will be assessed to your account.

Registration fees are paid in advance to secure a space for enrollment. If you decide to not enroll your child here at Winfree Preschool, the Registration fee is **non refundable**. Please understand that your child is enrolled for the entire year and that tuition and annual registration fees are non-refundable, and that in the event that your family moves out of the Richmond area, a **30-day withdrawal notice is required**, after which the balance of the payments will be waived.

Families whose children are still at our school after the program closes will be assessed a late fee of **\$25.00; your child will be taken to the Extended Care program, until arrangements can be made for pick up. Extended Care concludes at 6:00 P.M.**

My signature acknowledges this agreement

\_\_\_\_\_

(signature)

(date)

Child's Name \_\_\_\_\_

Parent's Name \_\_\_\_\_