



Registration Agreement - School Year 2022-23

Child's Name: _____ Gender: _____ Date of Birth: _____

Parent/guardian Name: _____ Parent/guardian Name: _____

Cell Number: _____ Cell Number: _____

Email: _____ Email: _____

Address: _____ City: _____ Zip: _____

Tour taken: YES NO DATE: _____ **"Meet & greet" child by Director:** YES NO DATE: _____

Days Needed: ___ Monday to Friday(M-F) ___ Monday/Wednesday/Friday(MWF) ___ Tuesday/Thursday(T/Th)

Time Needed: ___ Full Day (7:00 am- 5:45 pm) ___ Part Day (9:00 am-3:00 pm)

In accordance with the Preschool's Tuition Fees, I agree to pay the following sum:

Payable on Registration (due 2/16/2022):

Registration Fee: Amount: \$150 Date Paid: _____ Check # _____

Half-Month Tuition Deposit: Amount: \$ Date Paid: _____ Check # _____

Total: \$ _____

- **Make check payable to St. Clare's Preschool OR**
- **___ I authorize St. Clare's Preschool to charge this amount to my Tuition Express account**

Payable at Start Date (Date TBD August 2022)

Pro-rated Tuition: Amount: \$ _____ Date Paid: _____ Check # _____

Regular Monthly Tuition: \$ _____

Other Fees: In September, an Annual Classroom Supply Fee of \$150 is applied to each child's account. In October, a Family Service Fee is applied to each child's account (\$100 per child, per year). The Family Service fee may be refunded after a family has completed 5 hours of family service, or a family can decide to leave the monies with the preschool to fund ongoing projects at the school.

Withdrawal from the Preschool: With two weeks' advance written notice of withdrawal, the Half-Month Tuition Deposit will be refunded. The Registration Fee is not refundable.

Agreement Modifications: Modifications to this registration agreement must be made in writing and must be signed and dated by both parties to be binding. Verbal modification is not binding under this agreement. All licensing documentation must be complete and in school files no later than the first day of attendance at Preschool.

Parent/Guardian Signature: _____ **Date:** _____

Director Signature: _____ (Karen Berry 925-462-0938) **Date:** _____

How did you hear about us? _____

To be completed by the Director

Agreed start date:

Age group: