

**INCARNATION PRESCHOOL  
PARENT AGREEMENT STATEMENT 2017-2018**

**SCHOOL COPY: Return to school with payment**

I would like to enroll my child \_\_\_\_\_ at Incarnation Preschool for the 2017-2018 school year.

**Enclosed is: my payment of \$60 NON-REFUNDABLE registration fee AND a completed and signed Tuition Payment Authorization Form** to initiate payment for September tuition on June 10, 2017 to continue to hold my child's slot in the program.

Indicate class session rate for payment here:

\_\_\_ \$125/mo for 2 day/wk program    \_\_\_ \$160/mo for 3 day/wk program    \_\_\_ \$240/mo for 5 day/wk program

NOTE: higher adjusted rate for payments made by credit card as indicated on tuition payment authorization form  
The September tuition payment will **ONLY** be refunded if my child withdraws from the program **AND** a written notification and request for refund is submitted to Incarnation Preschool **BEFORE August 1<sup>st</sup>, 2017.**

**NO REFUNDS ARE GRANTED AFTER AUGUST 1<sup>st</sup>**

I understand that tuition payments(at rate indicated above) for the remainder of the school year will processed electronically on the 10<sup>th</sup> of each month in advance of service, beginning Sept 10 for October tuition.

No adjustments will be made to tuition for absence resulting from illness or vacation.

I agree to give two week's written notice prior to withdrawal from the school.

I understand that transportation to and from school is my responsibility.

If my choice(s) are not available at the time of registration, my child's name will be put on the waiting list (separate list for each class) and my forms and registration fee will be returned. When a slot comes available and my name is 1<sup>st</sup> on the list, I will be contacted. If still interested, I will re-submit forms and payment to accept and hold the slot.

\_\_\_\_\_ Date

\_\_\_\_\_ parent/guardian signature

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