

## Judah Christian Preschool Enrollment Agreement

Judah Christian Preschool agrees to provide qualified staff and facilities consistent with the requirements and standards set by the Association of Christian Schools International (ACSI) and the State of Illinois for the care and education of your child.

I, \_\_\_\_\_, agree to register my child \_\_\_\_\_, into the Preschool Program at Judah Christian Preschool.

I am registering for :

Full Day Preschool: (7:30am – 5:30pm)

Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_

Half-Day Preschool: (7:30am – 12:30pm)

Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_

Early Preschool: (8:30am – 11:30am)

Monday\_\_\_\_\_ Tuesday\_\_\_\_\_ Wednesday\_\_\_\_\_ Thursday\_\_\_\_\_ Friday\_\_\_\_\_

### 2008-2009 Rate Schedule

	<u>5 days</u>	<u>4 days</u>	<u>3 days</u>	<u>2 days</u>
Full Time Preschool	174.00	147.00	111.00	76.00
Half Time Preschool	126.00	109.00	82.00	55.00
Early Preschool	84.00	72.00	53.00	36.00
Afternoon Preschool			53.00	

Weekly Tuition will be \$\_\_\_\_\_

I understand that tuition is due the first day of the week that my child attends, unless an agreement has been made with the director. I also understand that I pay for the number of days reserved for my child regardless of attendance.

I agree to pay my weekly tuition, with payments made:

Weekly\_\_\_\_\_ Biweekly\_\_\_\_\_ Monthly\_\_\_\_\_

(Monthly payments must be made by the last working day of the month for the following month.)

I will need weekly receipts \_\_\_\_\_ A monthly statement \_\_\_\_\_

Preschool services may be subject to termination for unpaid balances that are delinquent over two weeks.

Date \_\_\_\_\_ Signature of Parent or Guardian \_\_\_\_\_