Trinity Lutheran Preschool Parent Contract

			Child's Name				
I have	agreed to enrol	I the abo	ve child for th	ne following prog	gram:		
Two Day Preschool 9:00-12:30pm Three Day Preschool 9:00-12:30pm Four Day Preschool 9:00-12:30pm Five Day Preschool 9:00-12:30pm			\$160 per month \$210 per month \$260 per month \$300 per month				
given b		te of regis	stration. If yo	ur chosen class d			udents. Preference will be be contacted by the
Class D	ays (Please Circ	cle):	Monday	Tuesday	Wednesday	Thursday	Friday
My mo	nthly tuition ch	arge is \$_	p	er month for nine	e months, Septer	nber 2024 thro	ugh May 2025.
Please	of the month an	d will be unts using	billed to the r	next month's tuit	on automatically	<i>'</i> .	charged \$30 after the ember tuition automatically
Please	read and choos	se the op	tions that app	oly below:			
	I would like my name/telephone number on the parent roster. I do NOT wish to be on the parent roster.						
	I agree to provide the designated snack item and amount on the day(s) my child is listed on the monthly snack menu. If I fail to do so, I understand that I will be assessed a fee of \$10 to cover this cost within 5 days of the designated snack day. I do NOT wish to participate in the rotating snack program. Please assess me a semi-annual fee of \$40, due and payable with my first month's tuition (second semester fee due in January) to cover the cost of this program.						
	I would be available to drive/chaperone on field trips. I would like to volunteer in the classroom (special days). I understand that siblings should not attend on the days I volunteer in the classroom.						
I agree I agree I agree	to comply with to a tuition of _	these re	gulation as we , divided into	orth in the Paren ell as any addition o nine equal mor awal from any pr	nal or supplemen othly payments o	r annually.	etters, etc. inancially responsible for

Date

Signature of Parent/Guardian