

Early Learning Preschool Center

Statement of Agreement

Full day preschool	\$275 per week
	\$55 per single full day
Preschool mornings only (8:30 - 12:00)	\$175 per week
	\$35 per single morning

We offer a 10% sibling discount for the second child from one family.

We accept child care subsidy payments. Co-pay amounts may be due as determined between parent and director, and are not automatically assessed at the rate determined and listed on subsidy certificates.

Payment is due on Monday morning or your first scheduled day of the week. Payment not in on that day may be assessed a \$ 5.00 late fee weekly.

Tuition is due in full each week regardless of absence, snow days, or school closure. Early Learning Preschool Center will be closed for all major holidays, for one week each summer, and during winter holiday break to match the public school calendar.. Parents will be notified of dates of closure in advance whenever possible. .

After six months of attendance, each family is entitled to one vacation week per calendar year, during which tuition will be waived if the child is not in attendance.

Any child whose tuition is not paid in full within one week may not be allowed to attend until payment is made in full, including the late fee.

Parents will give two weeks notice of termination of enrollment, or change in enrollment. All notice must be given to the director. Full payment is due regardless of attendance for these two weeks.

Early Learning Preschool Center closes at 5:00 pm. Parents picking up children after 5:00 may be charged a late fee of \$1 per minute.

We reserve the right, after parental consultation; to terminate the enrollment of any child we feel is detrimental to the safety and well-being of other children.

Early Learning Preschool Center shall report to the Department of Social and Rehabilitative Services all instances of suspected child abuse or neglect as defined and required in accordance with 33 V.S.A chapter 14.

I have reviewed this agreement and understand and agree to these conditions.

Days / hours requested: _____

Expected Weekly Tuition: _____ Expected Subsidy: _____

Parent or legal Guardian signature: _____ Date: _____