

**2024-2025**

**PRESCHOOL/PRE-KINDERGARTEN**

**ENROLLMENT AGREEMENT**

Please indicate the program in which you are enrolling your child:

PRESCHOOL PROGRAM (Children 3 to 4 years old)

□ 8:30 to 12:30 Monday through Friday $1000 monthly

□ 8:30 to 3:00 Monday through Friday (*space limited)* $1500 monthly

PRE-KINDERGARTEN PROGRAM (Children 4 to 5 years old)

□ 8:30 to 12:30 Monday through Friday $1000 monthly

□ 8:30 to 3:00 Monday through Friday (*space limited)* $1500 monthly

STUDENT FEE– A non-refundable student fee of $550 is required for admission or re-enrollment. If the child is not enrolled for the school year for which the fee was received, the fee shall be forfeited. The fee may not be used for any other year for which the child may be subsequently enrolled.

TUITION – Tuition is due on the 5th or 20th of every month and collected through FACTS, beginning in September and ending in May. Any payments missed will incur a late fee of twenty-five dollars ($25).

TERMINATION POLICY– This enrollment agreement may be terminated by a parent or guardian by providing The Howard School with a written notice at least fifteen (15) days before the last day of attendance. The Howard School reserves the right to terminate this agreement with fifteen (15) days notice for either of the following reasons: it is determined that the school does not meet the needs of the child, or the financially responsible party is delinquent for thirty (30) or more days in payment of the agreed-upon fee. There is no reduction of tuition for absences or withdrawals prior to the end of a billing month.

MODIFICATION POLICY – The Howard School reserves the right to modify any of the conditions of this agreement upon thirty (30) days written notice to the parent or guardian.

LICENSING – The Howard School Preschool/Pre-Kindergarten Program is licensed by the State Department of Social Services. The licensing authority has the right to interview children and staff and to inspect student records without prior consent. The licensing authority has the right to observe the physical condition of the child. Lic. #426216022

The Howard School admits students without regard to race, creed, color, disability, gender or national origin.

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I wish to enroll my child in the program I have indicated and agree with the terms of The Howard School as set forth in this agreement and with the policies of the school as set forth in the Preschool Handbook.

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Child’s Full Name Signature of Financially Responsible Party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Date of Birth Printed Name of Financially Responsible Party

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent #1 or Legal Guardian Billing Address of Financially Responsible Party

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Signature of Parent #2 or Legal Guardian City State Zip Code

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Date of Agreement (Area Code) Telephone Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Charge Student Fee through FACTS

Headmaster’s Signature [ ] Payment on 5th of the Month [ ] Payment on 20th of the Month