



**CHILD PLACEMENT  
CONTRACT**  
2019-2020 SCHOOL YEAR  
September - June

**Policy and Tuition Agreement**

1. For new students, a one-time, one hundred dollar (\$100) nonrefundable processing fee is required with this application. After formal acceptance, all forms and a \$500 deposit are due within 30 calendar days. This deposit will be deducted from the final tuition payment of the year.
2. Students are admitted for the full academic year. Tuition is based on a full academic year. The obligation to pay the required tuition is not subject to adjustments for illness, absence, or any other reason. If a student enrolls after school begins, tuition will be prorated accordingly.
3. Tuition is billed monthly and is due on the 1<sup>st</sup> of each month. Accounts must be kept current. A child's attendance will be suspended after 15 calendar days without payment.
4. *Current immunizations are a prerequisite for participation in WLP programs.* The medical insurance policy of the undersigned will be considered primary for medical expenses incurred in the case of accidental injury or sickness.
5. Please write checks to Walnut Lake Preschool.
6. We can accept credit card payments, but the payer will incur a 3% processing fee for each transaction

Families in the preschool program may choose to enroll their child in the morning program or full day program. If a child in the morning-only program needs to stay for an afternoon due to an emergency, this may be permitted at the discretion of a director. If there is sufficient staff coverage, the rate of \$60 per afternoon will be charged and added to your tuition balance.



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**SELECT PROGRAM:**

\_\_\_\_\_ **Morning Only** \$11,235 = \$1,250 per month (Sept-May)

\_\_\_\_\_ **Full Day** \$22,250 = \$2475 per month (Sept-May)

**Developmental Kindergarten Program**

\_\_\_\_\_ **Full Day** \$22250 = \$2475 per month (Sept-May)

Application Fee of \$100 (new students only) received on: \_\_\_\_\_

TOTAL AMOUNT OF TUITION DUE: \$ \_\_\_\_\_

First payment: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Remaining payment due dates and amounts:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**PLEASE SIGN:**

*I have read and understand the Parent Handbook and agree to its policies and provisions.  
I have read, understand, and agree to be bound by the above.*

Student's Name: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Cell: \_\_\_\_\_