



Policy & Financial Agreement

Infant Teacher / Child Ratio - (1:4) • Age: 6 weeks - 18 months

The following form will serve as a financial agreement between REFINERY PRESCHOOL and the Parents or Guardians of:

_____ (Child's Name).

My child will be attending _____ days per week on the following days: ☐ M ☐ T ☐ W ☐ TH ☐ F

I agree to pay the following tuition monthly of \$ _____

New Enrollment/Annual Registration Fee: _____ (Initial)

I understand that a \$250.00 non-refundable new enrollment fee is to be paid at the time of registration and \$200 at the beginning of each school year thereafter.

Payment Schedule: _____ (Initial)

I understand that tuition is due on the first (1st) of every month. Partial payments may be arranged with the office and will be charged an additional \$5.00 service fee per payment. I agree to pay tuition no later than 5 days after it is due. If I do not pay tuition within the 5 day grace period, I will incur a \$25.00 late fee. I further understand if my tuition is delinquent more than two (2) weeks I will be restricted from bringing my child to school until the balance is paid in full which may result in my child losing his/her placement in the program. No exceptions.

Withdrawal From Program: _____ (Initial)

I am required to give a minimum 30 day written withdrawal notice from the program. I am responsible for paying the 30 days following the date I gave a written notice. No exceptions.

Holidays: _____ (Initial)

I understand that I will not receive a discount for the holidays or on days which the school is closed and that tuition will remain the same every month as vacation days, teachers in-service days, and early release days are all factored into the monthly tuition fees.

Late Fees: _____ (Initial)

I understand that my child must be picked up no later than 6:00 PM or I will be charged a late fee of \$1.00 per minute per child for the first 10 minutes, according to the school clock. Anything after will be \$5 per minute. Late pick-up fees are billed to the monthly account.

Discounts: _____ (Initial)

I understand that a 10% sibling discount applies to the second child and any additional siblings of the same family. The discount is calculated on the lesser tuition amount and only applies if all children are enrolled full time (5 days a week).

Subsidized Programs: _____ (Initial)

Parent(s) or Guardian(s) of children who are on County or Government Funded Tuition Assistance Programs are responsible for all tuition payments and fees not covered by said programs. Including but not limited to Paid Vacations and Sick Days. I understand that I am fully responsible for payment if there is a conflict, disagreement, or discrepancy with said programs.

Parent(s) or Guardian(s) financially responsible for tuition payments:

Employment Information:

Father's Social Security #: _____

Father's Employer: _____

Employer Address: _____

Employer Phone: _____

Mother's Social Security #: _____

Mother's Employer: _____

Employer Address: _____

Employer Phone: _____

I have read and agree to the policies listed above and within the policies handbook. I accept the above financial agreement.

(Father's Signature) Date: ____ / ____ / ____

(Mother's Signature) Date: ____ / ____ / ____

(Refinery Preschool Director Signature) Date: ____ / ____ / ____

Nondiscriminatory Policy

Refinery Preschool admits students of any race, color, national and ethnic origin to all rights and privileges, programs, and activities generally accorded or made available to students at the center. It does not discriminate on the basis of race, color, national origin in administration of its educational policies, admissions policies, and other schools administered programs.