

**First Presbyterian Church First 5 Years  
2415 Clinton Parkway  
Lawrence, KS 66049**

**Parent/Provider Contract**

Tuition is due on the first school day of each month and considered late if not received by the 10<sup>th</sup> of each month. Tuition paid after that date will be assessed at \$15 late fee. If we have not received tuition and late fee by the 15<sup>th</sup> of the month, a reminder notice will be sent home.

If tuition and late fees are not paid, after notification, by the 20<sup>th</sup> of the month your child may no longer attend Preschool until all fees are paid or a payment arrangement has been made in writing with the Preschool Director and approved by Preschool Board.

A collection agency will be notified in the event of non-payment of tuition when the tuition is more than 30 days past due.

Returned checks will be subject to a \$30 charge. After a second returned check has been received by the school, you will be required to pay by cash or money order.

**Fees**

Fees are based on a four-week month so that tuition stays the same each month. Therefore no tuition allowance is made for days that your child is sick, vacation days, or days that the Preschool is closed for any reason.

<b>KDO /Preschool Tuition:</b>	<b>Lunch Bunch Tuition:</b>	<b>Before School Care Tuition:</b>
9:00-11:45/9:00-12:00	12:00-2:00	8:30-9:00
1 day \$85.00/month	1 day \$35.00/month	1 day \$10.00/month
2 day \$140.00/month	2 day \$70.00/month	2 day \$15.00/month
3 day \$180.00/month	3 day \$100.00/month	3 day \$20.00/month
4 day \$210.00/month	4 day \$125.00/month	4 day \$25.00/month
5 day \$240.00/month	5 day \$150.00/month	5 day \$30.00/month

**Withdrawal**

Families must give 2 week notice of intent to withdraw their child(ren) from Preschool. Please notify the director, as well as the classroom teacher.

**Enrollment fee** is \$65.00 for first child, \$10.00 for additional children, and is non-refundable.

I have read this document and accept the conditions as they apply to me.  
Please sign this copy and return to the Preschool Office.

Print name: \_\_\_\_\_ Student name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Provider Signatre: \_\_\_\_\_