

Springfield Christian Kindergarten and Preschool

2080 19th Street, Springfield, OR 97477

Phone: 541-746-8246

Tuition Contract 2024-2025

Child's Full Name _____

Parent 1 Name _____

Phone # _____ Email _____

Mailing address _____

Parent 2 Name _____

Phone # _____ Email _____

Mailing address _____

FULL tuition is prorated and required each month regardless of vacation schedules, holidays, etc.
*Tuition is due on the **first day of the month**.* A \$10.00 late fee will be incurred for payments made after the **10th**.

REGISTRATION FEES

Preschool Fees:	\$ _____	\$225.00 Non-refundable registration and activity fee.	Initial: _____
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Kindergarten Fees:	\$ _____	\$275.00 Non-refundable registration, activity & curriculum fee.	Initial: _____
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Tuition Schedule for 2.5 hours per day

Please check desired class

<u>Class</u>	<u>Days</u>	<u>Annual</u>	<u>Monthly Payment (Aug-April)</u>
_____ 2-day 3's	T/Th	\$ 1,350.00	\$150.00
_____ 3-day 3's	M/W/F	\$ 1,800.00	\$200.00
_____ 3-day 4's	T/W/Th	\$ 1,800.00	\$200.00
_____ 3-day 4's	M/W/F	\$ 1,800.00	\$200.00
_____ 4-day 4's	M-TH	\$ 2,475.00	\$275.00
_____ 5-day 4's	M-F	\$ 2,835.00	\$315.00
_____ 5-day K	M-F	\$ 2,925.00	\$325.00

Tuition Payments Start August 1st – April 1st*

***TUITION PAYMENTS are due on the 1st day of each month, for nine months beginning in August and ending in April. Tuition is prorated, your child(ren) will attend from September thru May. Tuition is billed one month in advance. First payment in August for September and last payment in April for May.**

I have carefully read the guidelines for enrollment and agree to comply with all terms and regulations and to be bound by the school to pay all tuition and fees required in accordance with the financial policy of the school. My payment is due by the **first day of the month** and any remaining balance is subject to a **late fee of \$10 on the 11th**. School policy states that an account which has become thirty days past due shall result in the student's dismissal unless arrangements are made with the office. A \$25.00 charge will be assigned for all returned checks. **The school does not send invoices or reminders for tuition payments.** Unless I request a receipt, my check will be considered my receipt. I also understand that if I pick my child up later than 11:45 AM there is a \$5.00 late pick up fee added to my account for each 15 minutes I am late. **I understand and sign below that I am responsible for the full yearly tuition regardless of sickness, vacation schedule or holidays.** (It is understood that if my child is withdrawn from the school during the school year, and the monthly tuition is current, said contract is completed.) *Signature and date required below.*

Parent/Guardian Signature (person assuming responsibility for tuition payment) _____ Social Security # _____ Date required _____

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We recommend that you keep a copy of the tuition contract for yourself.
TWO week written notice must be given prior to a child dropping during the school year.