Outdoor Preschool 2015-2016 Enrollment Contract

A tuition deposit of first and last month's tuition is due upon return of the enrollment contract. This is a non-refundable deposit.

Outdoor Preschool accepts cash, bitcoin and personal checks.

Enrol	<u>lment</u>	Options	S

Please check-off which session(s) you would like you	ır child to attend in
2015-2016	
Summer: June, July, August	
Fall: September, October, November	
Winter: December, January, February	
Spring: March, April, May	
Full Day Program: 8:30am-3:30pm, M-F \$xxx/week, \$x	
Short Day Program: 8:30am-1pm, M-F \$xxx/week, \$xx	xx/year
I/We contract to enroll	(print child's name) at
Outdoor Preschool for the above chosen dates in 201	5-2016. Enclosed is the first
and last month's tuition deposit.	
I/We agree to pay \$ in tuition for the 2	2015-2016 calendar year.
I/We choose to pay the tuition fee using (circle one):	
1) Annual payment, paid in advance	
2) Per Session payment(s), paid in advance	
3) Semi-Monthly payments paid on the 1st of e	very other month
Initials Required Below:	
I/We understand that no refunds will be given	n for dates missed due to
illness, vacation, national holidays, and inclement we	
I/We understand that there is a \$10.00 late fe	e for payments made after the
7th of the month and a \$25 NSF (non-sufficient funds	
over two months late, your child's enrollment will en	-
Please contact us to discuss a special payment plan if	f needed.

I/We acknowledge the following process for a Notice of Schedule Change or
Request Withdrawal: At Outdoor Preschool, we will do our best to accommodate
schedule changes. A written request is required 2 months in advance of a change in
schedule or requested withdrawal in order to give our program enough time to fill
the space. If we fill the space before 2 months is through, you may have the
opportunity to withdraw earlier. If sufficient notice is not given prior to
withdrawal, families are still required to pay for all scheduled days corresponding
to the full 2 month period.
Parent/Guardian Signature:
Date:
Parent/Guardian Signature:
,
Date:

NOTE: You may be eligible for a full or partial subsidy through Addison or Chittenden County Childcare Association. They may be reached at xxx-xxx-xxxx. (For Vermont residents only.)