

Information

Family Name: _____ Date: _____
 Parent's Name (1): _____ Parent's Name (2): _____

I would like to choose the following tuition payment option:

Monthly Payments

First month's tuition due upon registration. Additional monthly payments due on the 1st of each month, August through April.

Semi-Annual Payments

First month's tuition due upon registration. The remaining balance after 3% discount will be split and due August 1st and January 1st.

Annual Payment

First month's tuition due upon registration. The remaining balance after 5% discount will be due August 1st.

Form of payment:

Cash and/or Checks

Credit Card Processing

If you chose Credit Card Processing above, please complete the following information:

Cardholder's Name: _____

Card type: VISA MASTERCARD

Card Number: _____ Expiration Date: _____

Cardholder's Billing Address: _____

Cardholder's Phone Number: _____

Cardholder's Email Address: _____

Cardholder Signature

Date

Tuition Acknowledgment

Tuition payments are due regardless of illness and/or vacations. Each child's tuition will be based upon the schedule chosen for the rates stipulated on the Enrollment Agreement. Tuition is contracted upon enrollment and due for the entire ten months of the 2017-2018 school year. The Preschool Administration should be notified if a family would like to request a change in their enrollment schedule. Approvals will be based upon enrollment availability within the classroom. The preschool requires one month's written notice of intention to withdraw from enrollment at SMCP. Any prepaid tuition collected during the early Registration period (Jan-March) will be refunded if a family withdraws their intent to enroll in writing before April 1st, 2017. If a child is withdrawn after enrollment, during the school year, or if a family wishes to reduce the number of days their child is enrolled the preschool reserves the right to determine refunds or balances regarding tuition based upon the preschool's ability to fill the child's enrollment. SMCP requires a \$10 fee if tuition is not paid by the 10th of each month or for checks returned by the bank. By signing this form, you agree to the conditions of your child's tuition schedule, the tuition rate after any applicable discounts, and the policies and procedures set forth by St. Mark Community Preschool.

Parent/Guardian Signature

Date

Tuition Rate: _____

Child 1

Child 2

Child 3

Eligible Discount: _____

Total Tuition Due: _____

**THIS SECTION IS TO BE
COMPLETED BY SMCP**