

LITTLE INNOVATORS PRESCHOOL

2020 - 2021 CONTRACT

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Information:

Student's Name: Last _____ First _____ Middle _____

Student's Birth Date: Month _____ Day _____ Year _____

Parent's Name: Last _____ First _____ Middle _____

Address: Street _____ City _____ State _____ Zip _____

Agreement:

- The above named child will attend the Little Innovators Preschool _____ days per week for a full day. Payments are due regardless of absences. No refund will be issued.
- Payments are withdrawn automatically on the due dates of each month via the payment method you select in this contract. If payment is unsuccessful on the due date a late fee will be assessed to your account.
- Before care begins at 7:00 a.m. and is free of charge. After care is from 4:00 p.m. to 6:00 p.m. and is \$5 per hour. After care charges \$1 per minute after 6:00 p.m. After care is billed by the second Friday of the following month.
- There is a late fee of \$15 per day past the due date. The Little Innovators Preschool reserves the right to withdraw your child should a payment exceed 15 days past due. Your child will not be readmitted until your account is brought up to date. In additional returned and declined credit/debit cards will result in a \$10 fee, ACH \$25 fee.
- Your contracted tuition for the 2020-2021 school year is _____ per month. Your first payment for the 2020-2021 school year for _____ is _____. This payment is due with this signed contract.
- Your drop-in rate for days highlighted in blue on the 2020-2021 school calendar is _____ for a full day.
- If a parent chooses to withdraw child from school for any reason, a 30 day written notice is required and a prepaid month of tuition will be required to be applied for the final 30 day period of attendance.

By signing your name below you agree to the above terms for the 2020-2021 school year.

Printed Name of Responsible Party _____ **Date** _____

Signature _____



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Payment Options:

Please select your desired payment frequency:

- Monthly: Due on the 1st Friday of each month. Amount: _____
- Bi-Monthly: Due on the 1st and 3rd Friday of each month. Amount: _____
- Weekly: Processed on 1st, 2nd, 3rd & 4th Friday of each week. Amount: _____

Tuition fees listed below are based on a 4-week per month-annualized calculation.

Class Schedule:

Little Innovators Preschool enrolls children all year on a space available basis. Groups are formed to balance gender and age. Visit LittleInnovatorsPreschool.com to download or view the school calendar.

- Full-time schedule is from 8:00 A.M. - 3:30 P.M.
- Priority of placement:
 - ▶ 5-days per week
 - ▶ 4-days per week

Tuition:

Tuition fees listed below are based on a 4-week per month-annualized calculation.

Program Options:

Days Per Week	Full-Time Tuition
5-Days per week:	\$570 per month
4- Days per week:	\$450 per month



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Payment Method:

Auto Payment (via Credit Card) please complete the information below:

I (we) hereby authorize the Little Innovators Preschool to initiate credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Cardholder Name: _____ Phone: _____

Cardholder Address: _____
City State Zip

Account Number: _____ Expiration Date: _____

Cardholder Signature: _____ Date: _____

Auto Payment (via Bank Account) please complete the information below:

I (we) hereby authorize the Little Innovators Preschool to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name: _____ Phone: _____

Address: _____
City State Zip

Bank or Credit Union Name: _____

Bank or Credit Union Address: _____
City State Zip

Routing Transit Number: _____ Account Number: _____

Signature: _____ Date: _____



PLEASE ATTACH A VOIDED CHECK

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