



Student: _____

Preschool Registration Agreement (2009-2010)

Parent/Guardian Initial

_____ According to the student handbook, I understand that my child will be sent home from school if he/she has a fever or vomits. My child must be picked up within 1 hour of the school's phone call. It is school policy that children must be kept out of school for a full 24 hour period following either symptom.

_____ I would like to be included in the Lamb of God Lutheran School directory.

_____ I understand the uniform policy for the 2009-2010 school year and I will adhere to that policy.

_____ I understand that any change in parental status, phone contact information, email address, or emergency pick up information must be submitted to the school office in person. If applicable, proper court documents must be given to the school office.

_____ I understand that a current well check as well as current immunization records must be on file by August 1, 2009 or my child may not be allowed to attend the Preschool.

_____ I understand that there is no refund of registration fees.

_____ If I choose to withdraw my child, a refund of any unused tuition funds may be issued as long as a 30 day written notice of withdrawal is submitted.

_____ I understand that tuition payments are due on the 1st of the month and late fees will be assessed on the 11th of the month. If my account is 60 days past due, my child will be suspended and my account will be sent to collections.

_____ If the school receives 2 NSF payments, my account will be flagged and only cashier's checks, money orders, or credit cards will be accepted for future payments.

_____ I understand that I am choosing the following payment plan and must adhere to this plan for the 2009-2010 school year.

_____	T/Th ½ Day	10 month plan (July 1st – April 1st)	\$245
_____	M/W/F ½ Day	10 month plan (July 1st – April 1st)	\$340
_____	M – F ½ Day	10 month plan (July 1st – April 1st)	\$510
_____	T/Th Full Day	10 month plan (July 1st – April 1st)	\$300
_____	M/W/F Full Day	10 month plan (July 1st – April 1st)	\$450
_____	M – F Full Day	10 month plan (August 1 st – May 1 st)	\$750

Signature of Parent/Guardian: _____

Date: _____