



# Hazel Dell Christian Preschool

14501 Hazel Dell Parkway  
Carmel, IN 46033  
Phone 846-9828

## 2017/2018

### 3's/4's Class Enrollment Agreement

*(June/July/August Birthdays - Not Going to Kindergarten Fall 2018)*

Child's Full Name \_\_\_\_\_ Name to be used \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parents' (guardians') Names \_\_\_\_\_  
(mother) (father)

Does child live with both parents? Yes/No

Email Address \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Please check **all** that apply:

\_\_\_\_\_ We currently are members/attendees of Hazel Dell Christian Church.

\_\_\_\_\_ Member/attendee of \_\_\_\_\_ Church.

\_\_\_\_\_ No local church affiliation.

### Payment Schedule 2017/2018 School Year

Payment Type	Date Due	Payment	Date Received/Form
Enrollment Fee*	At Registration	\$ 50.00	_____/_____
Supply Fee*	At Registration	\$ 85.00	_____/_____
Prepayment of <b>May 2018</b> tuition*	June 1, 2017	\$ 185.00	_____/_____
Tuition from September – April (\$185 x 8 months, due 1 <sup>st</sup> day of each month)		<u>\$1480.00</u>	
Total Cost for 2017/2018 year		\$1800.00	

**\*All Fees and Prepayments are non-refundable.**

I agree to comply with the rules and regulations of Hazel Dell Christian Preschool including:

- \* Preschool 3/4s children must be toilet-trained.
- \* I will comply with the before mentioned payment schedule. **I am including the non-refundable Registration Fee of \$50.00 and Supply Fee of \$85 with this application.** Tuition payments are due the **first of each month.** A late fee of \$25.00 is charged after the 5th of each month. Returned checks are subject to an additional fee of \$30.00. Checks should be made payable to Hazel Dell Christian Preschool. Tuition payments are due the 1st of each month.
- \* Parents will be assessed a late fee of \$5.00 if a child is left 5 minutes past dismissal time. An additional \$5 will be assessed for every additional 5 minutes, payable at time of pickup.
- \* I understand that if my child is absent from the program for illness or other reasons, I will continue to pay tuition unless he/she is formally withdrawn in writing.
- \* I will notify the director in writing at least 30 days in advance should withdrawal become necessary.
- \* I agree that my child shall be in good health and free of communicable diseases each day he/she participates and will have the necessary immunizations or required waivers.
- \* I understand that my child will be taught Christian values, principles, and Bible stories. I will support this program.

I/We have read the above rules and regulations and agree to them:

\_\_\_\_\_  
Parent's (Guardian's) Signature

\_\_\_\_\_  
Date