



Hazel Dell Christian Preschool

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

2017/2018 Half-Day Kindergarten Enrollment Agreement (5 by September 1, 2017)

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 _____ 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
Registration Fee*	At Registration	\$ 50.00	_____/_____
Supply Fee*	At Registration	\$ 125.00	_____/_____
Prepayment of May 2018 tuition*	June 1, 2017	\$ 350.00	_____/_____
Tuition from September – April ($\$350 \times 8$ months, due 1 st day of each month)		<u>\$2800.00</u>	
Total Cost for 2017-2018 year		\$3325.00	

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

CLASSES BEGIN MONDAY, AUGUST 28, 2017

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

- * Kindergarten 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 \$125 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child is absent from the program for illness or other reasons, I will continue to pay tuition unless he/she is formally withdrawn in writing.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 (Guardian's) Signature

Date