



**LITTLE SAINTS PRESCHOOL ENROLLMENT CONTRACT**  
**2018-2019 SCHOOL YEAR**

I hereby enroll my child(ren) in St. Thomas Little Saints Preschool and agree to the following terms:

- Enrollment is for the entire school year, September through June, as per the St. Thomas School calendar.
- St. Thomas Little Saints Preschool requires a non-refundable deposit of \$250.00 per new family and \$150.00 per returning family to be paid at the time this enrollment contract is signed.
- Acceptance of new students is contingent on space availability and is probationary for six weeks.
- Tuition will be pro-rated based on the number of quarters my child(ren) are enrolled, if withdrawn before completing the academic year.
- All prior financial obligations to St. Thomas Little Saints Preschool and St. Thomas School must be paid in full.
- Parish Contribution Requirement, outlined in the handbook, applies to obtain In Parish rates.

I agree to pay the entire school year's tuition in accordance with the following payment plan:

- \_\_\_ Full Days per week, or \_\_\_ Half days per week. \$\_\_\_\_\_ due monthly
- At least one-tenth of the yearly tuition and fees are due by the first day of each month, September through June (See Tuition and Fees page).
- Additional charges apply for daycare before/after school and during school holidays.
- A late fee of \$35.00 will automatically be added to any payment not received within five (5) school days after the due date.
- Any special arrangements with regard to payment of tuition must be made in advance with the School Administrator.
- Unpaid tuition and/or fees will result in denial of a student's admission to school.

I understand that by signing this contract I agree to accept the rules, policies and regulations of St. Thomas Little Saints Preschool. This contract is for the 2018-19 school year only and future enrollment will be based on renewal of this contract for subsequent years.

\_\_\_\_\_  
Signature of Parent/Guardian responsible for all financial obligations to St. Thomas School

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Your Name

\_\_\_\_\_  
Signature of Additional Parent or Guardian, if joint responsibility

\_\_\_\_\_  
Date

For office use: Cash\_\_\_ CK #\_\_\_ \$ Amount \_\_\_\_\_ Date Rcv'd: \_\_\_\_\_