

**LITTLE EAGLES PRESCHOOL PROGRAM
CONTRACT**

I desire to enter (full name) _____ (date of birth) _____ in the Little Eagles Preschool Program for the year 2022-2023.

Admission Procedures to the school are completed in the spring prior to school opening in the fall. Due to the size of the location and the age of the children, Little Eagles Preschool has a limited enrollment. A child must be 3 years old by August 31st of the current school year and completely toilet trained.

Unless otherwise indicated, the student for whom this application is made will be considered capable of full participation in the physical activities appropriate to his/her age.

Students will not be allowed to leave the school with anyone other than persons listed on the application unless prearranged with the teacher by the parent.

The Preschool reserves the right of dismissal. Any student who exercised poor citizenship, one who fails to cooperate, or whose parents or guardians fail to cooperate, will be asked to withdraw from the program.

_____ 5 days (8:00-3:00) at \$425.00

_____ 3 days (8:00-3:00) at \$325.00

An enrollment fee of \$25.00 is due with this contract. I understand my obligation to pay the fees for the full year subject to the following terms and conditions. Any family who has prepaid their full tuition and for whatever reason their child does not start the school year, a full refund, less the registration fee, will be given for that month. There will be NO refund for sick days, snow days, or vacation.

Payment is due by the FIRST Preschool class of every month.

After visiting the Preschool, I consider it to be an appropriate and safe environment and do not hold the Preschool responsible for any accident or injury.

This application signed by the parents or guardians, and approved by the Northeast Academy Board of Directors, constitutes the CONTRACT between the parents and guardians and the Preschool. This contract binds both parties to fulfill their obligation.

Northeast Academy

Parent or Guardian (full name)

Address

Phone Number

Date

Parent or Guardian (full name)

(DATE)