



Please place your initials next to each statement and sign below:

- \_\_\_\_\_ I understand that tuition is based on a 10-month commitment (September-June) and that the monthly rate is a calculation of the annual rate divided into 10 equal payments. I understand that the number of days in a month that preschool is in session does not affect the monthly payment rate, and that I will not receive adjustments in tuition fees for holidays or days missed. As long as my child is officially enrolled in preschool, tuition is due in full each month, regardless of illness, vacation, school holidays, scheduled breaks, or school closures during the 10-month academic year.
- \_\_\_\_\_ I understand that the first month's tuition (September) is due by September 10th and that all subsequent monthly tuition payments are due by the 5th day of the month for which tuition is being paid.
- \_\_\_\_\_ I understand that an annual Registration Fee of \$200 is due at the time of enrollment. I understand that \$75 of this Registration Fee is nonrefundable and that the remaining \$125 will be applied toward the tuition payment for my child's first month of attendance. I further understand that if I withdraw my child from Natural Start Preschool before their first month of attendance, the entire \$200 Registration Fee will be nonrefundable.
- \_\_\_\_\_ I understand that the last month's tuition (June) is also due at the time of enrollment and that this, along with the annual Registration Fee, reserves my child's spot in class for the entire school year.
- \_\_\_\_\_ I understand that if I choose to withdraw my child from Natural Start Preschool or decrease my child's enrollment in the program, I must fill out an **Enrollment Modification or Withdrawal** form, which is available online at [www.naturalstartpreschool.com](http://www.naturalstartpreschool.com). I understand that this form must be signed by the preschool director and that I must submit this form to the South Bellevue Community Center **at least 30 days in advance of my child's intended date of withdrawal or enrollment modification**. I understand that the last month's tuition that I paid at the time of enrollment will be applied to the 30-day period after this form is submitted to the South Bellevue Community Center. If I fail to submit this signed form at least 30 days in advance of my child's withdrawal or enrollment modification, or if I withdraw my child from Natural Start Preschool without submitting this form, I understand that the last month's tuition that I paid at the time of enrollment will not be prorated or refunded.
- \_\_\_\_\_ I understand that there is a nonrefundable Materials Fee to be paid directly to Natural Start Preschool on my child's first day of attendance.
- \_\_\_\_\_ I understand that in addition to this **Tuition and Fees Agreement**, all required forms, as listed in the "Forms" section of [www.naturalstartpreschool.com](http://www.naturalstartpreschool.com), must be completed and on file with Natural Start Preschool on my child's first day of attendance.

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Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Child Will Start Preschool: \_\_\_\_/\_\_\_\_/\_\_\_\_ Child's Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Year

<b>PLEASE SELECT PROGRAM AND SECTION:</b>	<input type="checkbox"/> <b>JUNIOR EXPLORERS</b> <b>For children ages 3 &amp; 4</b> <i>Child must be 3 years old by 12/31/22</i>	<input type="checkbox"/> <b>EXPLORERS</b> <b>For children ages 4 &amp; 5</b> <i>Child must be 4 years old on or before 8/31/22</i>
	<input type="checkbox"/> <b>2-Day</b> (Tuesday/Thursday) <input type="checkbox"/> <b>3-Day</b> (Monday/Wednesday/Friday) <input type="checkbox"/> <b>5-Day</b> (Monday-Friday)	<input type="checkbox"/> <b>2-Day</b> (Tuesday/Thursday) <input type="checkbox"/> <b>3-Day</b> (Monday/Wednesday/Friday) <input type="checkbox"/> <b>5-Day</b> (Monday-Friday)

Child's Name (please print clearly): \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Signature: \_\_\_\_\_

<b>SBCB USE ONLY:</b> Registration completed by: _____ Date: _____
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Child's Name (please print clearly): \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

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