



## STEP BY STEP PRESCHOOL

28 Foxhurst Rd, Huntington Station, NY 11746

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(631) 673-8408

# 2025-2026 Financial Agreement

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_  
Street Town State Zip

Preferred Email: \_\_\_\_\_

2025-2026 school year program for which I/we have registered my/our child (please check one):

### 2-year-olds:

- 2 days (Monday, Tuesday, Wednesday, Thursday, Friday) please circle preference
- 3 days (Monday, Tuesday, Wednesday, Thursday, Friday) please circle preference
- 4 days (Monday, Tuesday, Wednesday, Thursday, Friday) please circle preference
- 5 days (Monday-Friday)

### 3-year-olds:

- 2 days (Monday, Tuesday, Wednesday, Thursday, Friday) please circle preference
- 3 days (Monday, Tuesday, Wednesday, Thursday, Friday) please circle preference
- 4 days (Monday, Tuesday, Wednesday, Thursday, Friday) please circle preference
- 5 days (Monday-Friday)

### 4-year-olds:

- 3 days (Monday, Tuesday, Wednesday, Thursday, Friday) please circle preference
- 4 days (Monday, Tuesday, Wednesday, Thursday, Friday) please circle preference
- 5 days (Monday-Friday)

I/We intend to pay my tuition using the 10 payment plan, on or prior to the first of each month.  
(Please see payment schedule on Tuition and Fee Schedule document.)

←Please see other side→

I/We agree that if my monthly tuition payment is not received by the 10<sup>th</sup> of the month, I/We will be subject to a \$25 late fee. Payment not received by the 10<sup>th</sup> of the month may result in the cancellation of Child's attendance in the program until payment is received.

I/we agree to pay the Security Deposit upon enrollment, knowing that this payment will be used for the June tuition payment. Should it be necessary to withdraw my/our child at an earlier date, I/we will give one month's written notice or relinquish this last month's fee.

I/We agree that a fee will be charged to me/us if my/our check(s) are returned by the bank.

I/We agree, regarding pick up at the scheduled end of my/our enrolled program, that for every 15 minutes late or portion thereof, **and** each quarter hour or portion thereafter, there will be a \$15 late fee.

Person(s) responsible for making tuition payments: \_\_\_\_\_  
(Please print)

\_\_\_\_\_

- I/we have read this Financial Agreement defining the policies and procedures for payments to Step By Step Preschool, including payment of Tuition.
- I/We understand that staffing, class configurations, and classroom locations may change due to enrollment.
- In filling out and signing this form, I/we acknowledge that all Financial Agreement documents have been read and I/we accept the terms.

(If more than one person is responsible for payments, both signatures are required.)

\_\_\_\_\_  
Parent/Guardian Signature                      Phone                      Date

\_\_\_\_\_  
Parent/Guardian Signature                      Phone                      Date