**ST. PAUL LUTHERAN PRESCHOOL & CHILD CARE CENTER**

**257-2 E KING ST, STRASBURG, VA 22657**

**TEL (540) 465-2393 FAX (540) 465-2734**

**Email:** [**splick@shentel.net**](mailto:splick@shentel.net) **Web:** [**www.strasburgchildcare.com**](http://www.strasburgchildcare.com)

SPLPCCC FINANCIAL AGREEMENT

This agreement is a binding statement between you, the guardians of said child, and St. Paul Lutheran Preschool and Child Care Center (SPLPCCC) stating that you will pay in accordance of policies stated herein. Upon signing this agreement, it is assumed by SPLPCCC that you understand and agree to these policies. This signed agreement must be received prior to your child’s first day of attendance.

AGREEMENT

I hereby enroll my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, in St. Paul Lutheran Preschool and Child Care Center as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I understand and agree to the policies herein. I will comply with these policies as long as my child is enrolled. My financial obligation will be to pay my tuition by check or money order. The weekly fee is $\_\_\_\_\_. I will pay this each Monday in advance of service. The fees are subject to change at the director’s discretion. I do understand that I am required to pay even if my child is not in attendance for the week. If I do not pay on time, I will pay an additional $1.00 per day that tuition is past due. If I miss paying for two weeks in a row without discussing it with the director my child may be dismissed. I will give a two week notice in writing for withdrawing my child should I leave for any reason. If I do not give my two weeks’ notice, I realize that my deposit will be forfeited. I am paying a security deposit of $\_\_\_\_\_\_\_ along with my $50.00 non-refundable registration fee.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Signature Date