

Discovery Zone Preschool

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PRESCHOOL ENROLLMENT CONTRACT

I wish to enroll my child _____, in Discovery Zone Preschool for the academic year ____-____. I understand and agree to abide by the following school policies:

- I AGREE TO PAY ALL REGISTRATION FEE AND CURRICULUM FEE AT THE TIME OF ENROLLMENT.
- I AGREE TO PAY THE GUARANTEED DEPOSIT OF ONE WEEK TUITION PAYABLE AT THE TIME ENROLLMENT. IT IS A NON-REFUNDABLE FEE WHICH IS APPLIED TO MY CHILD'S LAST WEEK OF THE SCHOOL YEAR. OR I AGREE TO A MONTHLY AUTOMATICALLY WITHDRAW PROCESS TO SAVE A 5% DISCOUNT OF MY TUITION.
- I AGREE TO PAY THE FULL WEEKLY TUITION TO ENSURE A PLACEMENT IN THE CLASSROOM EVEN IF MY CHILD IS ABSENT.
- I AGREE AND UNDERSTAND THAT TUITION IS DUE EVERY MONDAY AND THERE IS NO DEDUCTION FOR ILLNESS, ABSENCE, HOLIDAYS, OR INCLEMENT WEATHER.
- I AGREE TO PAY THE LATE FEE OF \$25, IF PAYMENT IS NOT RECEIVED BY THE END OF BUSINESS ON TUESDAY.
- I AGREE TO PAY THE LATE PICKUP FEE (per child) OF \$5 PLUS \$1 PER MINUTE EVERY TIME THAT I'M LATE PICKING UP MY CHILD FOR THEIR VPK PROGRAM, PART TIME PROGRAM OR CLOSING HOURS.
- I AGREE TO PAY THE RETURN CHECK FEE OF \$35 FOR RETURNED CHECK. DZP HAS THE OPTION TO REFUSE ANY FUTURE CHECKS.
- I AGREE TO GIVE DZP WRITTEN NOTICE TWO WEEKS PRIOR TO WITHDRAWAL. I AM HEREBY NOTIFIED THAT DZP RESERVES THE RIGHT TO SEND DELINQUENT ACCOUNTS TO A COLLECTION AGENCY.

CUSTOMER'S RIGHT TO CANCELATION: Client may cancel this contract without penalty or obligation within 3 business days, exclusive of holidays and weekends, from the contract date. This contract may also be canceled upon relocation, a family emergency such as death or physical illness that prevent the child from attending the preschool (a doctor's written orders must be present).

Enrollment Agreement

Registration FEE per family (1-time fee if no break in service): _____

Curriculum and Supply FEE Per child (annually): _____

Non- Refundable Guarantee Deposit (1week tuition applied toward last week of school): _____

First week tuition: _____

Total enrollment due: _____

To receive an additional 5% discount, I elect to pay my tuition monthly via:

Electronic Funds Transfer (EFT) from my Bank Account (Attach voided check)

Credit Card (Circle one): Visa Master Card Amex Discover

Credit Card Number: _____

Expiration Date: _____

Monthly deduction (5% discount): _____

Parents/ Guardian Name _____

Date _____

Parent Guardian Signature _____