

Thank you for your cooperation. Once you have completed this form must be received or drop off at the address below on or before **Friday, August 7th, 2020 at 2:00pm.**

Clews Preschool
14700 South 94th Avenue
Orland Park, IL 60462

Child's Name: _____

Age: _____ Class Time: _____

Please select Option #1 or Option #2 by checking the box and filling out all blank lines within your option choice. Please make sure to initial each line and sign your name at the bottom.

OPTION #1

I _____ choose for my child, _____ to return to in person learning at CLEWS preschool for the entire 2020-2021 schoolyear.

Please initial the following...

_____ I agree to adhere to all safety guidelines set forth by CLEWS preschool for the entire duration of the 2020-2021 schoolyear.

_____ I understand that all tuition payments are required by the 1st of every month, starting September 2020 to March of 2021.

_____ I understand that if state or federal government require school closures CLEWS will not be in session and tuition will not be due. If this occurs past the 15th of the month no refunds will be given.

Signature: _____ Date: _____

OPTION #2

I _____ choose for my child, _____ not to return to in person learning due to safety concerns or a medical condition where my physician is recommending not to return to in person learning at CLEWS preschool for the entire 2020-2021 schoolyear.

Please initial the following...

_____ I understand that reenrollment at any time during the 2020-2021 schoolyear will not be available once you choose option #2 to unenroll at CLEWS preschool.

_____ I understand I will receive a refund for the April 2021 and May 2021 confirmation payment I previously made to CLEWS. (If this form is received by Friday, August 7th, 2020 at 2:00pm after this date these tuition payments are forfeited.)

_____ I understand that as stated in CLEWS tuition policy the registration fee is non-refundable.

Signature: _____ Date: _____

