



# Venture Christian Preschool

14501 Hazel Dell Parkway Carmel, IN 46033 317-846-9828

2019/2020

## 9:30 - PreKinder Enrollment Agreement (Entering Kindergarten Fall 2020)

Child's Full Name \_\_\_\_\_ Name to be used \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_

Parents' (guardians') Names \_\_\_\_\_

(mother)

(father)

Does child live with both parents? Yes/No

Email \_\_\_\_\_ Home Phone \_\_\_\_\_

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_

Please check **all** that apply:

\_\_\_\_\_ We currently are members/attendees of Venture Christian Church.

\_\_\_\_\_ Member/attendee of \_\_\_\_\_ Church.

\_\_\_\_\_ No local church affiliation.

### Payment Schedule 2019/2020 School Year

| Payment Type  | Date Due        | Payment          | Date Received/Form |
|---|-----------------|------------------|--------------------|
| Registration Fee*   | At Registration | \$ 50.00         | _____/____         |
| Supply Fee*   | At Registration | \$ 85.00         | _____/____         |
| Prepayment of <b>May 2020</b> tuition*  | June 1, 2019    | \$ 220.00        | _____/____         |
| Tuition from September - April<br>(\$220 x 8 months, due 1 <sup>st</sup> day of each month) |                 | <u>\$1760.00</u> |                    |
| Total Cost for 2019-2020 year   |                 | <u>\$2115.00</u> |                    |

\*All Fees and Prepayments are non-refundable.

I agree to comply with the rules and regulations of Venture Christian Preschool including:

- \* Preschool 3/4s children must be toilet-trained.
- \* I will comply with the before mentioned payment schedule. **I am including the non-refundable Registration Fee of \$50.00 and Supply Fee of \$85 with this application.** Tuition payments are due the first of each month. A late fee of \$25.00 is charged after the 5th of each month. Returned checks are subject to an additional fee of \$30.00. Checks should be made payable to Venture Christian Preschool. Tuition payments are due the 1st of each month.
- \* Parents will be assessed a late fee of \$5.00 if a child is left 5 minutes past dismissal time. An additional \$5 will be assessed for every additional 5 minutes, payable at time of pickup.
- \* I understand that if my child is absent from the program for illness or other reasons, I will continue to pay tuition unless he/she is formally withdrawn in writing.
- \* I will notify the director in writing at least 30 days in advance should withdrawal become necessary.
- \* I agree that my child shall be in good health and free of communicable diseases each day he/she participates and will have the necessary immunizations or required waivers.
- \* I understand that my child will be taught Christian values, principles, and Bible stories. I will support this program.

I/We have read the above rules and regulations and agree to them:

\_\_\_\_\_  
Parent's (Guardian's) Signature

\_\_\_\_\_  
Date