

**FINANCIAL AGREEMENT**  
Lingelstown Christian Nursery School

LCNS agrees to provide qualified staff and facilities consistent with our policies for the care and education of your child(ren).

I agree to enroll my child(ren), \_\_\_\_\_, into the Nursery School program at Lingelstown Life: A United Methodist Church for the 2018-2019 school year.

- 2 day per week class nine installments of \$123/month or \$1,107/year
- 3 day per week class nine installments of \$173/month or \$1,557/year
- 4 day per week class nine installments of \$228/month or \$2,052/year
- 5 day per week class nine installments of \$270/month or \$2,430/year

I understand that the first NON-REFUNDABLE tuition installment is due on or before July 1. Beginning in September, payments are due **on or before the 15<sup>th</sup> of each month** (September through April).

**Late Tuition Fee: A \$5.00 late fee (per week) will be added to any tuition received after the 15<sup>th</sup> of the month (Sept-April).**

Checks are recorded by the Office Assistant at the end of each school day.  
Tuition received on the 16<sup>th</sup> through the 22<sup>nd</sup> will be automatically assessed a \$5.00 late fee.  
Tuition received on the 23<sup>rd</sup> through the 30<sup>th</sup> will be assessed a \$10.00 late fee.

**Late Pick-up Fee of \$5.00 will be charged for each 10 minutes you are late, beginning 5 minutes after class ends.**

(Both Signatures are required. Sign and return with your first tuition payment)

**Parent/legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_  
**Parent/legal Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Name of the person(s) responsible for paying tuition (please print) \_\_\_\_\_  
If not parents: relationship \_\_\_\_\_  
address \_\_\_\_\_  
phone number \_\_\_\_\_ e-mail \_\_\_\_\_

A COPY OF THIS AGREEMENT WILL BE MAILED TO YOU IN AUGUST