

**Trinity Episcopal Preschool Enrollment Contract for 2020-2021**  
**120 Allegheny Avenue, Towson, MD 21204**  
**410-823-3589**

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Schedule (circle one):                      **FULL TIME**                      **M/W/F**                      **T/Th**

Tuition schedule:

- 10-month contract semi-annual payments (two equal payments due August 15, 2020 and January 15, 2021)
- 12-month contract semi-annual payments (two equal payments due June 15, 2020 and December 15, 2020)
- 10-month contract (10 equal payments; due on the 1<sup>st</sup> of each month starting Sept. 1st, 2020)
- 12-month contract (12 equal payments due on the 1<sup>st</sup> of each month starting July 1st, 2020)  
**(12-month contract includes all 9 summer sessions.)**

Welcome to Trinity Episcopal Preschool! This contract outlines our policies for the 2020-2021 school year.

**Hours of operation**

Trinity Episcopal Preschool is open Monday-Friday, from 7:30 am-5:30 pm year-round. Children must arrive by 9 am and be picked up between 3:00 and 5:30 pm. Please notify the school if your child is sick, will be late, or has any other changes to their schedule for the day. If a child is picked up after 5:30 pm, late fees in the amount of **\$1.75 per minute** will be applied.

**Deposit and Schedule Changes/Withdrawals**

To hold your child's spot, you must return this signed contract and a deposit equal to **one month's tuition** for the chosen schedule. Returning students do not need to pay a deposit if their original deposit is on file. All children must have a deposit on file to enroll. Withdrawals that take place prior to the first day of school will result in the forfeiture of the deposit. Deposits are credited to your child's last month of preschool tuition. After the school year has begun, a 30-day written notice to withdraw is required for a deposit refund. Prorated tuition refunds will be given to semi-annual and annual payers with a 30-day written notice. Any changes to the above schedule must be provided in writing 30 days prior to the change date and can only be made if space is available.

**Payments**

Payments made after the **fifth (5<sup>th</sup>) of the month** are subject to a 5% late fee. Returned checks are subject to a \$30 fee. If no tuition payment is made by the 14th of the month, without discussion with the Preschool Director, your child will be considered withdrawn and may not continue attending. Your account may be turned over to a collection agency at this time. Deposits will not be refunded in the event of non-payment.

**Additional Fees**

A yearly nonrefundable activity fee of \$100 will be billed with your first tuition payment. This fee covers special events and projects during the year such as Grandparent's Day, Mother's and Father's Day activities, etc. Field trips are an additional cost and are billed separately.

**Deferred Enrollment**

Trinity Preschool accepts children ages 2-5 years and we enroll year-round if space is available. Children may enroll before their 2<sup>nd</sup> birthday, and their space may be held for 30 days prior to their start date with a one-month deposit. If a start date takes place more than 30 days after enrollment, a space may be held by paying the monthly tuition. If a family chooses not to enroll after deferring enrollment and paying the deposit, the deposit will be forfeited.

**Parent Handbook and School Calendar**

School policies and procedures are stated in the Parent Handbook. The school calendar is attached for review. Tuition is not prorated for school holidays, unscheduled closings, early dismissals, student illness or vacations, etc. All families are expected to review and abide by the policies in the handbook. Families are expected to be aware of all school closings, including Christmas, Spring and Summer breaks, holidays, and parent/teacher conference days.

**Termination of Contract**

The preschool will make every possible and reasonable accommodation to help all children learn, grow, and thrive in our program. However, there may be rare instances in which the school determines that our program is not the right fit for a child or family. In that event, as much notice as possible will be given so a family can find alternate care. Deposits will be refunded if the preschool determines another program will be a better fit. Additionally, all families are expected to follow the policies stated in the Family Handbook and this contract. If a family does not abide by the policies in the Family Handbook, a family may be asked to leave without notice. In the rare event that a family is asked to leave the preschool due to handbook violations, deposit refunds will be forfeited.

*By signing this contract, you agree to all policies listed in this contract, the Family Handbook, and the school calendar. We look forward to working with you to build an exciting and fun-filled year of learning and growth with your child.*

\_\_\_\_\_  
Parent /Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date

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**TRINITY EPISCOPAL PRESCHOOL DEPOSIT RECEIPT**

**Please print all information on this form. Thank you!**

Student's Name: \_\_\_\_\_

Class: \_\_\_\_\_

Schedule: \_\_\_\_\_

Payment schedule: \_\_\_\_\_

A signed contract and this tuition deposit will hold your child's space at Trinity Episcopal Preschool until the first day of school or until the agreed-upon start date with the Preschool Director. Returning students do not need to pay a deposit if their original deposit is on file. Deposits are applied to the final tuition payment the last month your child attends Trinity Episcopal Preschool. Withdrawals that take place prior to the first day of school will result in the forfeiture of the deposit. After the school year has begun, a 30-day written notice is required for withdrawal and a deposit refund.

Financially Responsible Party(s): \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address: \_\_\_\_\_

Check Number: \_\_\_\_\_

Deposit Amount: \_\_\_\_\_

Date Paid: \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Director Signature

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Please print and write as clearly as possible. Thank you.

**Family Information Form**

**Student(s) Name(s):** \_\_\_\_\_

**Parent/ Guardian 1 Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Parent/ Guardian 2 Name:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Home Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**Marital Status:** \_\_\_\_\_

**Any Child Custody Arrangements We Should Be Aware Of?** \_\_\_\_\_

\_\_\_\_\_