



# Paran Preschool

## 2020-21 RE-ENROLLMENT CONTRACT

- MDO     2-Day  
 3-Day     5-Day

Today's Date \_\_\_\_\_

Child's Name \_\_\_\_\_  
*Last First MI Preferred*

**Yes, I would like to re-enroll my child** for the 2020-21 preschool year! I have chosen the following tuition plan:

- MDO 2day-\$170/mo.     MDO 3day-\$210/mo.     2-Day-\$200/mo.  
 3-Day-\$240/mo.     5-Day-\$300/mo.     Sibling Discount-(\$10)/mo.

I understand that the payment of my child's \$50 re-enrollment fee and the security deposit/prepayment of **the last month of tuition (May 2021)** of \$\_\_\_\_\_ by **Friday, May 1, 2019** ensures my child's place at Paran Preschool for the **2020-21** school year.

I understand that the re-enrollment fee is ***non-refundable***. I also understand that the last month's tuition payment is ***non-refundable after September 1<sup>st</sup>, 2020.***

I understand and demonstrate my understanding that, by making these two payments and signing below, I have entered a **9-month contract** for my child to attend Paran Preschool.

**I have read, understood and agree to be bound by the Policy Guide.**

Please check the box above after reading our Policy Guide online under the Enrollment Tab <http://www.paranpreschool.com>

\_\_\_\_\_  
*Signature* *Date*

\_\_\_\_\_  
*Name (Please Print)*

### **Medical Information**

Child's Physician \_\_\_\_\_ Physician's Phone # \_\_\_\_\_

Please describe any physical limitations (include allergies, asthma, developmental delays)

\_\_\_\_\_