

<u>20</u>	023-2024 <i>RE</i> -ENROLL	MENT CONTRA	ACT 🗌 MDO 🗌 2-Day	
Today's Date			🗆 3-Day 🗆 5-Day	
Child's Name	First	MI	Preferred	
Yes, I would like to re-enroll r plan:	ny child for the 202	23-24 preschoo	l year. I have chosen the follow	ing tuition
□ MDO 2day-\$200/mo □ 3-Day-\$270/mo.		-	<ul><li>2-Day-\$230/mo.</li><li>Sibling Discount-(\$10)/mo.</li></ul>	
	month of tuition (N	<b>lay 2024)</b> of \$	0 re-enrollment fee and the by <u>Friday, May 26, 20</u>	-
I understand that the tuition payment is <i>non-refunda</i>		•	<b>le</b> . I also understand that the la	st month's
I understand and demo below, I have entered a <b>9-mont</b>	•	<b>-</b>	y making these two payments a ran Preschool.	nd signing
□ I have read, understood and Please check the box above after reading of	-			
Signat	ure		Date	
Name (Plea	ise Print)			
	Medical Inforr	nation		
Child's Physician				
Please describe any physical lir	nitations (include all	ergies, asthma	, developmental delays)	

