Paran Preschool

2017-18 *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 enroll my child for the 2017-18 preschool year! I have chosen the following tuition plan:

☐ **MDO 2day-$145/mo.** ☐ **MDO 3day-$195/mo.** ☐ **2-Day-$185/mo.**
☐ **3-Day-$225/mo.** ☐ **5-Day-$285/mo.** ☐ **Sibling Discount-($10)/mo.**

I understand that the payment of my child's **$50 re-enrollment fee** and the prepayment of **the last month of tuition (May 2018)** of $_____ by **Friday, May 17, 2017** ensures my child's place at Paran Preschool for the **2017-18** 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 1st, 2017.***

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)

_____