

Policy Signature Form
2019-2020

I have read, understand, and agree to comply with the tuition and withdraw policy set forth by Word of Life Lutheran Preschool.

Initial Below

- _____ Tuition Agreement

- _____ Withdraw Policy

Child's Name: _____

Parent's Signature: _____

Date: _____

**(Please read the policies carefully as they have changed from previous years.
Keep the actual policies for your review but initial and sign this form and
submit along with the application).**