



Kid's LIFE Christian Preschool

Life Fellowship of Frederick

451 Oak Street, Suite 100

Frederick, CO 80530

Director: Kandis Osborn 720-443-1160

Church website: lifefrederick.org

Email: Kidslife@lifefrederick.org

Tuition Agreement 2018-2019

Please use black or blue ink when filling out this form.

DATE OF BIRTH: ___/___/___ HEIGHT: _____ WEIGHT: _____ GENDER: _____

PARENT #1: _____ PARENT #2: _____

TUITION INFORMATION:

Registration: A non-refundable \$50.00 registration fee is required with the completed packet.

Payment Info: Please make checks payable to: **Life Fellowship** with Kid's Life in the memo section.

Monthly Tuition (10 monthly payments – August thru May)

_____ 2* half-day classes \$180.00 monthly \$1,800.00 per year

* = (2 half-day classes ONLY available to 3 year old class)

_____ 3 half-day classes \$230.00 monthly \$2,300.00 per year

_____ 4 half-day classes \$290.00 monthly \$2,900.00 per year

_____ 5 half-day classes \$330.00 monthly \$3,300.00 per year

Yearly tuition: August 2018 through May 2019 (divided into 10 equal monthly payments)

Payment due date: All monthly payments are due on the first day of the month in advance.

Monthly payments are the same regardless of holidays and Thanksgiving/Winter/Spring breaks according to the St. Vrain Valley School District schedule.

Invoices: Physical, printed invoices will not be provided.

Late payment fees: I agree to pay a late payment of:

\$5.00 for 1 day late,

\$10.00 for 2 days late,

\$15.00 for 3 days late and

\$35.00 for 4 days late.

If my account falls short more than 1 week, my child will not be able to attend until full payment is received. If there is a waiting list, the opening will be provided to the next child on the list.

I ATTEST THAT ALL INFORMATION ON THIS FORM IS ACCURATE. I AGREE TO MAKE ALL PAYMENTS ON TIME AND IN FULL. IF ANY ISSUES ARISE, I AGREE TO CONTACT THE DIRECTOR AND DISCUSS THE ISSUE.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____.