## **Important Registration Contract Letter** 2020-2021

Dear Families,

Director

Thank you for choosing Chenango Nursery School (CNS) for your childcare needs. Our goal is to do the best job we can do, welcoming your family into our program and creating a comfortable environment for your child. We look forward to developing a partnership with your family. At CNS, we appreciate the important medical and contact information that you provide to us and keep up to date.

Please review our tuition and registration policies listed below.

- When you enroll at CNS you are reserving and purchasing a tuition slot for the time period beginning August 23, 2020 and ending June 25, 2021. Tuition will be paid in equal monthly installments. If you choose to enroll after May 1, 2020, a spot is not guaranteed for your child.
- Any request to withdraw early from this contract must be in writing and will be reviewed by the Board for approval.
- There are no time substitutions for unused days, sick days or vacation days. Full Time status will take precedence when enrolling children. Alternate scheduling is upon request, when space is available. Please see office staff when requesting alternate scheduling.
- Tuition statements are emailed around the 15<sup>th</sup> of each month and payment is due on the 6<sup>th</sup> of the following month.
- You agree to pay on demand all costs of collection, legal expenses and attorneys' fees
  incurred or paid by CNS in enforcing this enrollment contract upon your failure to pay
  tuition.
- A non-refundable registration fee is required at registration. Registration fees are charged each year for summer enrollment and for the 10 month calendar.
- You are more than welcome to combine all your registration fees into one check.
- Any past due balances must be paid before a registration for your child will be accepted.

Sincerely,		
Sarah Chesebro		

	For Office Use Only:	
Date of Enrollment:		Date of Registration:

## Registration 2020-21

## **Early Childhood Programs (ECP)**

\*\*Grasshopper or Dragonfly Room Only\*\*

Child's Name:		DOB:	Gender:	M or F
Address:				
1. Parent/Guardian:				·
Address:				
Phone:			_ May we text yo	u? Y/N
Email				
2. Parent/Guardian:				<del></del>
Address: (if different from	n above)			
Phone:			_ May we text yo	u? Y/N
Email				
***** Would you li  Please note: CNS AM pr The CNS AM preschool	3 Day 2 Day  our child attend Hamilton Co  ke your child to attend the_  reschool for the upcoming so  program is held five days a v  n a first come, first serve ba	T, Th  entral Pre-K program?  CNS AM Preschool Proceeds  chool year will follow to week from 8:00-11:15	o <mark>gram?</mark> Yes or No <sup>s</sup> the Hamilton Central ca AM. <u>This is ONLY for pr</u>	lendar.
Schedule when due. There all balances unpaid by the (1.25%) per month). A fail	contract you hereby agree to per will be a late charge at the rate due date (or the maximum per lure to pay your bill for two convicted you receipt of CNS's regist	te of one and one quarte ermissible by law if less th asecutive months may res cration information and a	r percent (1.25%) each m an one and one quarter p sult in the withdrawal of y greeing to abide by the p	onth for percent your child
_	Parent/Gua	rdian Signature		
	Registration Fee: \$75	5, \$50 for each additiona	l child	
	<u>Fo</u>	or Office Use Only:		
Date of Enrollment:		Da <sup>-</sup>	te of Registration:	