

Shining Star Preschool
365 Valley Road, Middletown, RI 02842
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ENROLLMENT AND TUITION CONTRACT
For Academic Year 2018-2019
(September 2018 to June 2019)

The undersigned parent(s) or guardian(s) (hereinafter referred to as the “Parent”) consent to and desire to enroll a child in the Shining Star Preschool (hereinafter referred to as the “Preschool”) subject to the terms and conditions as set forth herein. **I/We understand that this document constitutes a binding and enforceable contract with legal significance. I/We agree to be bound by the following terms and conditions:**

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN NAME: _____

CHILD’S NAME: _____

ADDRESS: _____

TELEPHONE: _____

TERMS & PAYMENTS:

REGISTRATION FEE: A non-refundable registration fee of \$75.00 is required to reserve a place for the child at the Preschool.

TUITION: The Parent agrees to pay an annual tuition of: \$_____ for one _____ Day class student position. Tuition is a fixed annual amount based on the 2018-2019 Shining Star Preschool Academic Calendar and is divided into ten (10) equal payments. Tuition is due on the fifth (5th) day of each month beginning in August and ending in May. The Parent hereby agrees to pay the total of monthly equal payments at the times stated herein. The Parent understands that no deductions will be made for absence, illness, vacations, withdrawal without proper notice, suspension or dismissal for any reason whatsoever. It is understood that the Preschool reserves the right at all times, for any cause considered sufficient by the Preschool, to suspend or dismiss the child. Extracurricular activities and field trip costs are not included in tuition. If the Preschool and the Parent determine that the child requires additional services, the Parent will be responsible for payment.

WITHDRAWAL: In the event a child’s enrollment is terminated, the Parent shall provide at least two (2) weeks prior written notice to the Preschool. Upon receipt of proper notice and satisfaction of tuition payments to the date of receipt of the notice, the Preschool will adjust the remaining tuition balance to zero on the first of the next month after departure of the child from the Preschool. No allowance or deduction will be made for the last eight (8) weeks of the school year. It is specifically agreed that the failure to

provide the Preschool with proper written notice of withdrawal and/or satisfaction of tuition payments constitutes complete and knowledgeable waiver of the adjustment of the remaining tuition and that the Parent shall be obligated to pay the full year tuition immediately.

NON-PAYMENT: Upon non-payment of any tuition obligation, the remaining installments due hereunder shall immediately become due and payable and the Parent shall be jointly and severally liable for the amount due and hereby waives notice of non-payment and demand. The Parent hereby agrees that in the event of non-payment, the Preschool may take all steps necessary to enforce the terms of this Enrollment and Tuition Contract and, to this end; the Preschool shall have the right to employ counsel at the Parent's expense. The Parent shall either make direct payment of all reasonable fees of such counsel or shall reimburse the Preschool for any such payments made upon presentation of the amount due.

GENERAL: If any provision of this contract is held to be invalid or unenforceable, all other provisions shall nevertheless continue in full force and effect. This contract shall be construed and governed in accordance with the law of the State of Rhode Island. This contract constitutes the entire agreement between the Preschool and the Parent. Oral changes shall be of no effect upon this agreement. This contract may only be altered in writing.

THE PARENT HAS REVIEWED ALL TERMS AND CONDITIONS AND UNDERSTANDS AND ACCEPTS ALL TERMS AND CONDITIONS HEREIN. THE PARENT HEREBY AGREES TO ENROLL THE NAMED CHILD AND WILL ABIDE BY ALL CONDITIONS SET FORTH HEREIN. THE PARENT ACKNOWLEDGES THAT ALL PARENTS AGREE TO ESTABLISH A POSITIVE AND CONSTRUCTIVE RELATIONSHIP WITH THE PRESCHOOL.

_____ Parent/Guardian Signature	_____ Parent/Guardian Signature
_____ Printed Name Parent/Guardian	_____ Printed Name Parent/Guardian
_____ Address	_____ Address
_____ Telephone (day)	_____ Telephone (day)
_____ Telephone (evening/cell)	_____ Telephone (evening/cell)
Date: _____	Date: _____



Date Received: _____ Accepted by: _____
Shining Star Preschool