## Stephensen Elementary

200 Gunfighter Avenue Mountain Home AFB, Idaho 83648



Phone (208) 832-4651 FAX (208) 832-1120

## TUITION KINDERGARTEN CONTRACT

| Student's Name:   |
|---|
| Parent/Guardian Name:   |
| Address:  |
| Phone Number:   |
| Person responsible for making the monthly tuition payments:   |
| I understand that a non-refundable deposit of \$100.00 is required to hold a spot in the Full-Day Tuition Kindergarten program. This \$100.00 will be applied towards the May tuition (\$150.00 still due for the May payment). I understand if I withdraw my child from the program for any reason, the \$100.00 deposit will NOT be refunded.   |
| I understand that I am responsible to pay the \$250.00 tuition on or before the first of each month. I understand that an additional \$15.00 late fee will be charged if the payment is made after the 20 <sup>th</sup> day of the month. I further understand that, if the payment has not been paid by the end of the month, my child may be exited from the Tuition Kindergarten program. Payments may be made by cash, check, or credit card at the school or online at <a href="https://www.squareup.com/store/stephensen-elementary-school">www.squareup.com/store/stephensen-elementary-school</a> . Please note, all credit card and online payments will have an additional 3% processing fee added to them. |
| I understand that Tuition Kindergarten is a public school program and is not eligible for a tax deduction. (Please feel free to check to see if this program falls within any flex account policy you may have.)  |
| I understand that my child must adhere to the rules of the school/class. Failure to abide by the rules may result in removal from the full-day class.   |
| I understand that I am responsible for my child's lunch. You may pack a cold lunch for your child or they can purchase a hot lunch in the cafeteria. Hot lunches can be paid for by sending cash or check with you child or online at www.mymealtime.com.   |
| I understand that there will be no refunds for absences or vacations.   |
| I have read the above statements and understand my responsibilities.  |
| Signature:Date:   |