

## **Risen Savior Lutheran School & Early Learning Center Tuition & Policy Agreement**

I am the parent or legal guardian of \_\_\_\_\_.  
I have received, read and agree to abide by the requirements written below and the policies set for in the Parent Handbook. In return for this promise of continual fulfillment of all policies, Risen Savior Lutheran School to provide care for the above named child that meets the standards and guidelines as set forth below and in the Parent Handbook.

The tuition will be in effect beginning \_\_\_\_\_ until I sign a new agreement. This tuition per child will be paid in advance on Monday for the week. I am aware that care will not be provided without this advance payment. I understand that a non-refundable registration fee of \$95.00 is due at the time of registration. Tuition payments of \_\_\_\_\_ per week will be made by check or money order. Receipts will be given for payment if requested. A \$10.00 late fee will be charged for accounts not paid by Wednesday of the current week. If my child is not picked up by 6:00 pm, I will pay the required late fee of \$1.00 per minute. I understand that there is a returned check fee determined by the bank for any checks returned for insufficient funds.

When withdrawing my child from Risen Savior Lutheran School, I must give the School written notification at least two weeks in advance. If two weeks are not given, I agree to pay two weeks tuition from the time notification is given.

I agree to abide by the illness policy set forth by Florida Dept. of Health. I will not send my child to school if he/she has any of the following symptoms: **an acute cold, swollen glands, nausea, vomiting, fever 100, sore throat, earaches, yellow/green runny nose, red discharging eyes, chills or head lice/nits.** I agree to keep all information such as emergency contacts, phone numbers, and personal information up to date. I understand that I must be able to be contacted at all times.

I understand that there is **not an automatic reduction of fees when my child is absent, on vacation or gone** from Risen Savior Early Learning Center for any reason. I also understand that as a parent it is my responsibility to **notify the school if my child is absent for any reason.** Absences exceeding **three school days with out notification will result in my child losing his/her class space.**

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_