

Mansfield 1st EPC Preschool

Preschool Plus- Extended Day Tuition Agreement

Child's Name _____

What days will your child attend Preschool Plus? (Check all that apply.)

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

Hours child will attend.

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Preschool program child attends.

TuTh _____ MWF _____ 5-Day 1 _____ 5-Day 2 _____

- I understand the lunch and nap requirements.
- I understand that the program is not a "drop off" child care program. I agree to adhere to the schedule I have provided.
- I understand that any changes to the schedule must be submitted in writing and approved by the Director.
- I understand that tuition remains the same regardless of holidays, illness, snow days, five week months.
- I understand that my tuition will include both Preschool and Preschool Plus fees for the month.

Parent/Guardian Signature: _____

Date: _____

Director Signature: _____

Date: _____

Monthly tuition (Preschool and Preschool Plus) _____ (Parent Initial _____)