



Shepherd of the Hills
Child Development Center
4600 South Poplar
Casper, WY 82601
(307) 234-8522



Contract for Preschool Services

I _____ agree to pay Shepherd of the Hills Child Development Center (CDC) _____ per month (see below) for preschool tuition for my child, _____, for the _____ school year (September - May). _____ (initial) I understand that tuition will be due the first of each month and that there will be a late payment charge of \$15 if the tuition is not paid by the 15th of the month and a \$5 fee will be charged every weekday it is late thereafter (ex: \$120 on 15th, \$135 on 16th, \$140 on 17th, etc. for Spot's class). (Please talk to the director if there are extenuating circumstances to having tuition in on time.) A special monthly tuition rate will be given for a family with two or more children enrolled.

Spot's (3's) tuition \$120	Tuesday & Thursday 8:15 - 11:30 a.m.
Grover's (4's) tuition \$150	Monday, Wednesday, & Friday 8:15 - 11:30 a.m.
Franklin's (Pre-K) tuition \$180	Monday - Thursday 8:15-11:30 a.m.

Registration & Materials Fee - I agree to pay a non-refundable registration fee of \$50 for each child at the time of registration. In lieu of a supply list, a one time \$30 materials fee will be due on the 1st day of school.

Enrollment Requirements - I understand that children will be accepted for enrollment into Spot's class who are three years old before the 15th of September of the year of enrollment. Children will be accepted for enrollment into Grover's and Franklin's class who are four and five years old before December 31 of the year of enrollment. Exceptions may be made on a limited basis.

Health requirements - I understand that all children must meet those health requirements as set by the Department of Family Services and State of Wyoming. This includes current immunization records or a state exemption form. I understand that any child who cannot participate due to discomfort, injury or other symptoms of illness may be refused care. See you parent handbook for a full list of illnesses/symptoms.

Emergencies - In case of the need for emergency treatment, I understand that the CDC will first try to contact parents. If a parent cannot be reached, I hereby authorize the person in charge to call 911. As parent or guardian, I accept responsibility for payment of medical obligations. I understand that the CDC will provide no transportation for students.

Withdrawal - I will give two weeks advance notice of the withdrawal of my child from the CDC program. This advance notice allows time to fill the vacancy and adjust tuition accordingly.

In addition to this agreement, there will be other paperwork provided before your child starts class. You will be required to read the parent handbook, which will explain our policies further, and sign the required form acknowledging you understand our policies.

Child Development Center _____ Date _____

Parent/Guardian Signature _____ Date _____