

Financial Agreement

Tuition for (name of student/s):

School Year _____

I/We,

(print name of parent(s)/guardian(s))

understand that Christian Day Child Academy is a non-profit organization that depends on each month's tuition to pay current expenses and staff salaries.

- 1) I agree to pay the first month's tuition by the first day of school.
- 2) I agree to pay the tuition for each month at the beginning of the month. If I have not paid by the 10th of the month, I will receive a late notice.
- 3) I understand that if monthly tuition is not paid by the end of the month, I will be required to meet with the director and /or the CDCA board.
- 4) I understand that if tuition is not paid by the last day of the subsequent month, my/our child may be dismissed from the preschool.

Date _____

Date _____

Parent / guardian signature(s)