



St. Justin Martyr Catholic Preschool

Financial Agreement & Claims Waiver

Financial agreement:

- St. Justin Martyr Preschool is a non-profit program. Our tuition is based on the annual costs of operating the school. These costs are calculated based on number of students enrolled, days of operation in a year and divided into monthly tuition payments. Tuition and fees are required monthly regardless of scheduled holidays or your child’s absence from class.
- All tuition and fees are non-refundable.
- The first payment is due prior to your child’s admission to class.
- Payments are considered late after the 5th of each month and a late fee of \$25.00 will be charged to your account.
- The registration and supply fee must accompany the completed application.
- Payments are required monthly regardless of scheduled holidays or absence from class.
- One month’s notice in writing must be given prior to withdrawing from our program.
- Parents must communicate with the Director regarding any difficulties meeting your financial obligations to the school.
- It is understood that I may be asked to withdraw my child from school for the following reasons: failure to comply with school policies, failure to maintain financial obligations, or under any circumstance deemed appropriate by the director.

Waiver of Claims:

I am aware of the fact my child will be engaged in many school related activities including being permitted to play on the school’s playground equipment. I am also aware that the staff of St. Justin Martyr Preschool will take every reasonable precaution to ensure the well being of my child. However, accidents do happen. Therefore, I hereby release St, Justin Martyr Catholic Preschool from any claim asserted on my behalf or my child’s behalf for personal injury or property damage the occurring on the school premises arising out of normal school activities.

I expressly agree that St. Justin Martyr and its staff may, when deemed by them necessary and in the best interest of my child, administer first aid and obtain appropriate medical and/or surgical treatment for my child in emergencies when the consent of a parent or legal guardian cannot be reached or are not available.

I understand the financial policies and the waiver of claims. I agree to abide by all of St. Justin Martyr Preschool’s policies. I further agree to provide all of the documents required by the school and by state law. (Signatures of both parents required)

Child’s Name Date of Birth

Signature of Parent or Legal Guardian Date

Signature of Parent or Legal Guardian Date

For office use:			
Registration date:	Admission date:	Days attending:	School Year: