



Smile-A-While Preschool

300 West 2nd Avenue

Milan, IL 61264

309-787-6353

Tuition Agreement

I, _____, parent / guardian of _____

agree to pay Smile-A-While Preschool the tuition of \$_____ per month for the enrollment in the half/full day program.

My child shall be attending the 2/3/5 day program.

Tuition is due on or before the 5th of every month. Payments received after the 5th of the month will be charged \$5 per day the child would normally be in attendance.

Parents agree to give at least a 2 week notice if their child will no longer be attending Smile-A-While Preschool. You are responsible for tuition for those 2 weeks or 2 weeks worth if no notice is given. 2 weeks will be determined at the rate of \$39 per day. If notice for withdrawal from the program is given before school starts the tuition paid to hold the spot is still due and non-refundable. If tuition is unpaid I understand I will be responsible for all attorney and court costs incurred on top of unpaid tuition payments and late fees.

Printed Name: _____

Signature: _____ Date: _____

Late Pickup Policy

I understand that if I pick up my child after class time (11:45 AM for ½ day students & 5:00 PM for full-day students) I must pay a late fee of \$2.00 per minute per child to the attending instructor.

If more than a half hour late after class time and your child has not been picked up and all phone numbers in our records have been attempted, the authorities will be called.

Signature: _____ Date: _____