



TUITION CONTRACT

Child's Name: _____

SCHEDULE

☐ Tuesday/Thursday 8:30-11:00am

Monthly Tuition: \$159

☐ MWF 8:30-11:00am

Monthly Tuition: \$219

This tuition agreement is Effective Starting September 1, 2025.

Tuition is **due the first week** of the month. Payment must be received **prior to the 10th of each month to prevent a late fee of \$10**. If a balance remains for more than a month your child will be suspended until the balance is paid in full. A returned check fee will be assessed \$25.

A non-refundable \$45 registration fee is due when turning in registration forms.

Monthly tuition is a set tuition with no allowances for holidays, scheduled closures, or absences including sickness and vacation. If a class is cancelled due to personal circumstances, I will provide a make-up class day and will notify you by your preferred contact method.

Four fieldtrips will happen over the course of the year, part of tuition is your attendance as a parent helper for at least one field trip during the year.

A two-week notice is required to withdraw from Bre's Bees Preschool. Tuition will continue to be billed until the required written notice of withdrawal is provided.

A late charge of \$3 for every 5 minutes will be assessed in addition to regular tuition if a child is not picked up by 11:05am.

I agree to the terms and conditions set herein.

Date

Primary Signature

Print Name

Secondary Signature

Print Name



CHILD CARE WAIVER OF LIABILITY

Child's First Name: _____

Child's Last Name: _____

Date of Birth: _____

Parents/Legal Guardian

First Name: _____

Last Name: _____

Email: _____

Emergency Contact #1 Name: _____

Number: _____ Relationship to Child: _____

Emergency Contact #2 Name: _____

Number: _____ Relationship to Child: _____

Signature of Parent/Guardian:

Waiver of Liability, and Assumption of Risk & Indemnity Agreement Notice: This is a legal binding agreement. I understand that by signing this Childcare Waiver of Liability, I release and hold harmless Bre's Bees Preschool and its owner and all other persons acting for them, from any and all claims, demands, suits, cost and charges, in connection with Bre's Bees Preschool, LLC., including but not limited to; personal injury, bodily harm, injury or property damage occurring while the above child is in their care at Bre's Bees Preschool.



Student Information

Child's Legal Name:

Birthdate: _____ Age: _____

Does your child prefer to be called by a name different from the name listed on their birth certificate?

☐

Yes

☐

No

If yes, list the name here:

Who lives in your home?

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Name: _____

Relationship to child: _____

Contact Information

Parent/Guardian's Name: _____

Cell: _____ Email: _____

Parent/Guardian's Name: _____

Cell: _____ Email: _____

Who has legal custody of child? _____

What **language(s)** are spoken in your home?

How often does your child speak English? (*Circle one*)

Always Sometimes Never

Does your Child have any medically Diagnosed **allergies** we should be aware of? ☐ Yes ☐ No

If yes, please list allergies below:

Does your child require an EPI pen?

☐

Yes

☐

No



Student Information

Street Address:

City: _____ Zip: _____

Who will be dropping off and picking up?

Is your child potty trained?

Yes

No

Anything about your child's potty

Training behaviors I should be aware of?

Favorite Activities

List 3 of your child's favorite activities

1 _____

2 _____

3 _____

Strengths

List your child's 3 greatest strengths.

1 _____

2 _____

3 _____

Describe

List 3 words that best describe your child

1 _____

2 _____

3 _____

Likes/Dislikes

What are some of their likes and dislikes?

Concerns Do you have any concerns about your child's development or anything you feel I need to know about? _____
