

# LITTLE INNOVATORS PRESCHOOL

## 2024 - 2025 CONTRACT

Page 1 of 3

### Information:

**Student's Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Student's Birth Date:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

**Parent's Name:** Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

**Address:** Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Agreement:

- The above named child will attend the Little Innovators Preschool \_\_\_\_\_ days per week for a full day. Payments are due regardless of absences. No refund will be issued.
- Contract effective 7/24/2024 - 5/22/2025
- Payments are withdrawn automatically on the due dates of each month via the payment method you select in this contract. If payment is unsuccessful on the due date a late fee will be assessed to your account.
- Before care begins at 7:00 a.m. and is free of charge. After care is from 3:30 p.m. to 5:30 p.m. and is a \$15 flat fee per day. After care charges \$1 per minute after 5:30 p.m. After care is billed by the first Friday of the following month.
- There is a late fee of \$15 per day past the due date. The Little Innovators Preschool reserves the right to withdraw your child should a payment exceed 15 days past due. Your child will not be readmitted until your account is brought up to date. In addition, returned and declined credit/debit cards will result in a \$10 fee, ACH \$25 fee.
- Your contracted tuition for the 2024-2025 school year is \_\_\_\_\_ per month. Your first payment for the 2024-2025 school year for \_\_\_\_\_ is \_\_\_\_\_.
- **If a parent chooses to withdraw child from school for any reason, a 30 day written notice is required and a prepaid month of tuition will be required to be applied for the final 30 day period of attendance.**

By signing your name below you agree to the above terms for the 2024-2025 school year.

\_\_\_\_\_  
**Printed Name of Responsible Party** **Date**

\_\_\_\_\_  
**Signature**



**LITTLE  
INNOVATORS  
PRESCHOOL**

### Payment Options:

Please select your desired payment frequency:

- Monthly: Due on the Friday before the 1st of each month. Amount: \_\_\_\_\_
- Bi-Monthly: Due on the 1st and 3rd Friday of each month. Amount: \_\_\_\_\_
- Weekly: Processed on 1st, 2nd, 3rd & 4th Friday of each week. Amount: \_\_\_\_\_
- EMPLOYEES ONLY** Payroll deduction, amount will be divided in half & deducted on the 7th and 22nd of each month. Amount: \_\_\_\_\_

Tuition fees listed below are based on a 4-week per month-annualized calculation.

### Class Schedule:

Little Innovators Preschool enrolls children all year on a space available basis. Visit [LittleInnovatorsPreschool.com](http://LittleInnovatorsPreschool.com) to download or view the school calendar.

- Full-time schedule is from 7:30 A.M. - 3:30 P.M.

### Preschool Calendar and Schedule of Payments:

- Starts 7/24/2024
- Ends 5/22/2025
- Preschool begins the fourth Wednesday of July and ends the last Thursday of May
- Holidays follow GIA's school calendar

### Tuition:

Tuition fees listed below are based on a 4-week per month-annualized calculation.

### Program Options:

Days Per Week	Full-Time Tuition
4.5-Days per week:	\$625 per month



LITTLE  
INNOVATORS  
PRESCHOOL

# LITTLE INNOVATORS PRESCHOOL

## 2024 - 2025 CONTRACT

Page 3 of 3

### Payment Method:

#### Auto Payment (via Credit Card) please complete the information below:

I (we) hereby authorize the Little Innovators Preschool to initiate credit card charges to the below referenced credit card account. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Cardholder Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_  
City State Zip

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Auto Payment (via Bank Account) please complete the information below:

I (we) hereby authorize the Little Innovators Preschool to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Bank or Credit Union Name: \_\_\_\_\_

Bank or Credit Union Address: \_\_\_\_\_  
City State Zip

Routing Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PLEASE ATTACH A VOIDED CHECK**

LITTLE  
INNOVATORS  
PRESCHOOL