



ENROLLMENT AGREEMENT

I enroll my child _____ as a student in the *Parkside Pre-School* for the 2018/2019 school year. Knowing that the school has limited space, I agree not to make any unnecessary changes.

I have reviewed and understand the school's Tuition Payment Policy and agree to abide by it. I further understand and agree that there will be no reductions or refunds for routine childhood illness, absence, or school inclement weather cancellations and holidays.

I agree that my child's enrollment is for the entire school year, from September to June (or the balance of the school year in cases of late enrollment). In the event it becomes impossible for my child to complete the school year, I agree to provide thirty (30) days advance written notice.

I have reviewed and understand the tuition payment policy with regard to extended day options and early morning drop-offs and agree to abide by it and the explanation of it given in my Informational Booklet.

I understand that the Massachusetts Department of Children and Families regulations require certain Health Forms and the like be completed and given the school in advance of my child's first day at school and I will comply with these requirements.

Signature

Date

Note: One copy of this agreement shall be returned to the school along with a non-refundable enrollment deposit equal to one (1) month's installment. Enrollment deposits will be credited to your child's last month of the last year at Parkside. Returning students are not required to forward an additional enrollment deposit.