

APPLICATION FOR 2018-2019 FULL DAY KINDERGARTEN

PLEASE PRINT and complete all information.

Child's Name: _____

Date of Birth: _____ Sex: (please circle) Male Female

Parent(s) Name(s): _____

Address: _____

Telephone #: _____

Email: _____

ENROLLMENT AGREEMENT

If accepted into the program, I agree to be bound by the following procedures of the Abington Public Schools Kindergarten program:

1. I agree and acknowledge that the tuition for the Kindergarten program is non-refundable.
2. I understand that a non-refundable deposit is due prior to my child beginning the Kindergarten program in order to reserve a space. This deposit will be deducted from my tuition. If the program is unable to place my child due to space limitations, my deposit will be refunded.
3. I understand that monthly tuition payments are to be made by the 20th of each month.
4. I understand that if my payment is not received by the 1st of the month, I will forfeit my child's space in the program.
5. I understand that if payments are not made according to the payment schedule my child may be excluded from the Kindergarten program.
6. I agree and acknowledge there will be no refunds due to absence or school closings due to weather and other emergencies.
7. I understand that monthly payments are made through FACTS Management and I am required to set up a payment plan on or before August 20th, the due date of the first payment.

TUITION SCHEDULE

5-Day Program (check one option)

Full tuition payment \$2900 (\$3050 minus \$150 non-refundable registration fee)

Monthly Payment** \$2900 divided into 8 payments of **\$362.50**.

**** First payment is due by August 20th. Final payment is due by March 20th.**

By signing below, I agree to the terms and conditions of the Enrollment Agreement and Tuition Schedule.

Parent/Guardian Signature: _____ **Date:** _____

RETURN: Application and non-refundable Registration fee of \$150 to:

Beaver Brook Elementary School

Attn: Kindergarten

One Ralph Hamlin Lane

Abington, MA 02351

Applications will be considered as complete when non-refundable registration fee is received.

For office use only: Date Rec'd: _____ Reg Fee Rec'd _____ Placement: _____ Waitlist: _____

APPLICATION FOR 2018-2019 FULL DAY KINDERGARTEN

**ABINGTON PUBLIC SCHOOLS KINDERGARTEN PROGRAM
Tuition Schedule
2018-2019**

Student Name (Please Print): _____

Parent/Guardian Name (Please Print): _____

Please check one:

5-Day Program

____ Full tuition payment \$2,900 (\$3,050 minus \$150 non-refundable registration fee)

____ Monthly Payment**\$2,900 divided into 8 payments of \$362.50

****First payment is due by August 20th. Final payment is due by March 20th.**

By signing below, I agree to the terms and conditions of the Enrollment Agreement and Tuition Schedule.

Parent/Guardian Signature: _____ Date: _____