Student Name _____ School _____

**Preschool Services**

Class 3 year AM ONLY--M/W_____ or T/TH_____
Class 4 year (JRES & TSES) 1/2 day _____am_____pm
Class 4 year (PPES) 1/2 day_____ pm only
Class 4 year (MPES & PPES)_____full day

Tuition For the 2017-2018 school year will be **$450/month for the 4 yr - full day program,** (McPolin & Parley's Only). **$235.00/ month for the 4 yr - ½ day program** (Jeremy & Trailside) and **$125.00/ month for the 3 year old program.** Tuition is calculated annually and divided based on the nine month program. **Reduced tuition is available for those who qualify.**

## Please read the following guidelines

1. **There is a non-refundable $35.00 registration fee.**
2. **Tuition is due on the 1st day of the month.**
3. **A $20.00 late fee will be charged to any tuition payment paid after the 5th day of the month.**
4. **Your student may be dropped from the Park City School District Pre-School Program for non-payment.**
5. **Tuition cannot be prorated or refunded due to missed days for illness, vacation, or early withdrawal.**

**I agree to pay my student's tuition by:**

Choose one method of payment:

☐ **Automatic credit or debit card** payment charged the 1st business day of each month:

_____
Cardholder's Name

| Type of Card: | Visa | MC | Discover |
|---|---|---|---|
| AMEX ☐ | ☐ | ☐ | ☐ |

_____ _____ _____
Card # Exp Date Signature

☐ **Pay each month via U.S. mail.** Check or money order made payable to PCSD Preschool Services. Mail to Preschool Services, 2700 Kearns Blvd. Park City, UT 84060. Returned checks will be sent directly to Global Payments for collection per Park City School District. Please allow adequate time for delivery – **Preschool Services is not responsible for payments not received or those received after the 5th of each month.**

☐ **Pay each month with cash.** You must pay in person at the Park City School District office between the hours of 9:00 a.m. and 4:00 p.m.

I enter into this agreement with the Park City School District Preschool Services regarding payment of tuition for my student. **My signature indicates that I have read and accept the conditions of this agreement.**

Parent's Signature _____ Date _____

**Office Use Only:** Reduced tuition application on file _____Registration Fee Paid_____

Monthly Payment_____