

Please complete this form and the application, and then submit them to Central Registration and the Welcome Center. Every effort will be made to honor the preferences of the parents. However, the principal reserves the right to assign students to classes based on the needs of the district and the school.

Parent/Guardian Financial Agreement

For School Use Only:

Student ID#: _____
Enrollment Date: _____
Elementary School: _____
() PS-AM () PS-PM () KG-All Day

****A completed Fee Subsidy Form will determine the eligibility for fee assistance ****

- I fully acknowledge that the full price of the Pre-School Program is \$298.00 per month.
- I fully acknowledge that the full price of the All Day Kindergarten Program is \$386.00 per month.
- I fully acknowledge that there is no refund for fees paid in advance for any reason.
- I agree to pre-pay my child's first fee before their first day of attendance into a school building.
- I agree to pay the fee in 9 equal installments thereafter, with no deductions for absences, holidays, vacations, withdrawals, or calamity days. I also acknowledge that the monthly fees are due and to be **pre-paid** on or before the 20th of every month of the student's enrollment. (For Example: the fee being paid by August 20th is for the month of September)
- I agree that if my child is enrolled into Pre-Kindergarten or All Day Kindergarten and the fees are not paid on time, this will result in a withdrawal of my child from the above named programs.
- I agree to submit any program changes for my child in writing and in person or via the U.S. Postal Service (**No Faxes**). I also acknowledge that the changes will become effective the first day of the following fee cycle.
- I agree to pay a \$20.00 fee for a returned check and will submit payments thereafter with a money order, cashier's check, or in cash.
- I understand and acknowledge that legal action may be taken against me to collect all unpaid obligations accrued with the Princeton City School District.
- I understand and acknowledge that my child will not be able to enroll in any future Fee Programs within the Princeton City School District if past due balances or fees are owed.

Child's Full Name: _____ DOB: _____

Address: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Home # _____ Mobile # _____ Work # _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Home # _____ Mobile # _____ Work # _____

Parent/Guardian Early Childhood Education Program Preference:

() PS-AM () PS-PM
() KG-AM () KG-PM () KG-All Day