

I95 COCONINO STREET
WICKENBURG, AZ 85390
(928) 684-6750 • (928) 684-6791 FAX
www.wickenburgschools.org/HES

FEE – ATTENDANCE CONTRACT

This form must be completed and submitted with the registration form.

I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child to attend Hassayampa Preschool Program.

Part-time Preschool (ages 3-5) 8:00 a.m12:00 p.m. Please initial the days that you would like your child to attend:				
A - 4 days a week (Monday - Thursday)	\$2718 yearly tuition			
B- 2 days a week (Monday & Wednesday)	\$1,332 yearly tuition			
C- 2 days a week (Tuesday & Thursdays)	\$1,386 yearly tuition			
Monthly payments for each program will be due by the first day of each month, and they will vary depending on the number of school days within that month. Please follow the payment schedule below.				

Part-time Preschool (ages 3-5) During School Hours 8:00 AM – 12:00 PM						
MONTH	4 DAYS		MONTH	MON/WED	MONTH	TUES/THURS
August (17)	\$306.00		August (9)	\$162.00	August (8)	\$144.00
September (17)	\$306.00		September (8)	\$144.00	September (9)	\$162.00
October (13)	\$234.00		October (6)	\$108.00	October (7)	\$126.00
November (15)	\$270.00		November (8)	\$144.00	November (7)	\$126.00
December (11)	\$198.00		December (5)	\$90.00	December (6)	\$108.00
January (15)	\$270.00		January (7)	\$126.00	January (8)	\$144.00
February (15)	\$270.00		February (7)	\$126.00	February (8)	\$144.00
March (15)	\$270.00		March (8)	\$144.00	March (7)	\$126.00
April (17)	\$306.00		April (8)	\$144.00	April (9)	\$162.00
May (16)	\$288.00		May (8)	\$133.00	May (8)	\$144.00

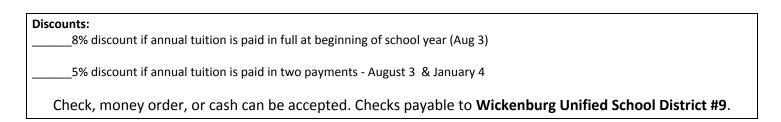
HASSAYAMPA PRESCHOOL



FEE – ATTENDANCE CONTRACT

Full Day Preschool (ages 3-5) 7:30 a.m4:45 p.m. Pleas	se initial the days that you would like your child to attend:			
A- 4 days a week (Monday – Thursday)	\$4,228 yearly tuition			
B- 2 days a week (Monday & Wednesday)	\$2,072 yearly tuition			
C- 2 days a week (Tuesday & Thursdays)	\$2,156 yearly tuition			
Monthly payments for each program will be due by the first day of each month, and they will vary depending on the number of school days within that month. Please follow the payment schedule below.				

Full Day Preschool (ages 3-5) 7:15am-4:45pm						
MONTH	4 DAYS		MONTH	MON/WED	MONTH	TUES/THUR
August (17)	\$476.00		August (9)	\$252.00	August (8)	\$224.00
September (17)	\$476.00		September (8)	\$224.00	September (9)	\$252.00
October (13)	\$364.00		October (6)	\$168.00	October (7)	\$196.00
November (15)	\$420.00		November (8)	\$224.00	November (7)	\$196.00
December (11)	\$308.00		December (5)	\$140.00	December (6)	\$168.00
January (15)	\$420.00		January (7)	\$196.00	January (8)	\$224.00
February (15)	\$420.00		February (7)	\$196.00	February (8)	\$224.00
March (15)	\$420.00		March (8)	\$224.00	March (7)	\$196.00
April (17)	\$476.00		April (8)	\$224.00	April (9)	\$252.00
May (16)	\$448.00		May (8)	\$224.00	May (8)	\$224.00





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Please initial below:

Tuition is due on the first of each month. (First payme	nt on August 4)
I understand that the entire contracted fee is due eve my child is enrolled. No credits or refunds will be given	· · · · · · · · · · · · · · · · · · ·
I understand that a late fee may be assessed if the pay	yment is made past the due date.
I understand that a late pick-up fee will be assessed at scheduled ending of the day. (1-15 minutes-\$15.00, 1 st time: Written warning 2 nd time: Fee plus written warning 3 rd time: Fee plus 3 day suspension 4 th time: Removal from Program	· · · · · · · · · · · · · · · · · · ·
change your enrollment in the program. If for any refrom the program, notification must be made 2 week released from your current contract.	chool Policy that prior notice is required to terminate or eason you decide to change or drop your child's enrollment eks in advance to the Program Director in order for you to be
I understand that it is MY responsibility to notify my c	nild's teacher of my child's after school schedule.
Participant's Name:	Enrollment Date:
Parent/Guardian Signature:	Date:
	chool District and Maricopa County Attorney Check Enforcement lect and/or prosecute bad check writers.
Parent's name:	Driver's License #
Address	Expiration Date
For school office:	
I verify that the driver's license information on this form has been	vermea.
School Staff Signature:	Date: