

HASSAYAMPA PRESCHOOL

195 E. Coconino Street
 Wickenburg, Arizona 85390
 928-684-6750
www.wickenburgschools.org

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.m.-12:00 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)** \$1,350 yearly tuition

_____ **C- 2 days a week (Tuesday & Thursdays)** \$1,368 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 (18)	\$324.00		August (9)	\$162.00		August (9)	\$162.00
September (17)	\$306.00		September (8)	\$144.00		September (9)	\$162.00
October (12)	\$216.00		October (6)	\$108.00		October (6)	\$108.00
November (16)	\$288.00		November (9)	\$162.00		November (7)	\$126.00
December (10)	\$180.00		December (5)	\$90.00		December (5)	\$90.00
January (16)	\$288.00		January (8)	\$144.00		January (8)	\$144.00
February (15)	\$270.00		February (7)	\$126.00		February (8)	\$144.00
March (15)	\$270.00		March (7)	\$126.00		March (8)	\$144.00
April (16)	\$288.00		April (8)	\$144.00		April (8)	\$144.00
May (16)	\$288.00		May (8)	\$144.00		May (8)	\$144.00

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FULL-TIME FEE – ATTENDANCE CONTRACT

Full-time Preschool (ages 3-5) 7:30 a.m.-4:45 p.m. Please 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) \$2,100 yearly tuition
- _____ C- 2 days a week (Tuesday & Thursdays) \$2,128 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-time Preschool (ages 3-5) 7:15am-4:45pm							
MONTH	4 DAYS		MONTH	MON/WED		MONTH	TUES/THURS
August (18)	\$504.00		August (9)	\$252.00		August (9)	\$252.00
September (17)	\$476.00		September (8)	\$224.00		September (9)	\$252.00
October (12)	\$336.00		October (6)	\$168.00		October (6)	\$168.00
November (16)	\$448.00		November (9)	\$252.00		November (7)	\$196.00
December (10)	\$280.00		December (5)	\$140.00		December (5)	\$140.00
January (16)	\$448.00		January (8)	\$224.00		January (8)	\$224.00
February (15)	\$420.00		February (7)	\$196.00		February (8)	\$224.00
March (15)	\$420.00		March (7)	\$196.00		March (8)	\$224.00
April (16)	\$448.00		April (8)	\$224.00		April (8)	\$224.00
May (16)	\$448.00		May (8)	\$224.00		May (8)	\$224.00

Discounts:

_____ 8% discount if annual tuition is paid in full at beginning of school year (Aug 2)

_____ 5% discount if annual tuition is paid in two payments - August 2 & January 3

Check, money order, or cash can be accepted. Checks payable to **Wickenburg Unified School District #9**.

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Please initial below:

_____ Tuition is due on the first of each month. (First payment on August 4)

_____ I understand that the entire contracted fee is due every month and that it is based upon days my child is enrolled. No credits or refunds will be given for illness or absence.

_____ I understand that a late fee may be assessed if the payment is made past the due date.

_____ I understand that a late pick-up fee will be assessed at the rate of \$15.00 for every fifteen minutes past the scheduled ending of the day. (1-15 minutes-\$15.00, 16-30 minutes-\$30.00, etc.)

1st time: Written warning

2nd time: Fee plus written warning

3rd time: Fee plus 3 day suspension

4th time: Removal from Program

_____ Withdrawal/change policy: It is the Hassayampa Preschool Policy that prior notice is required to terminate or change your enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the program, notification must be made 2 weeks in advance to the Program Director in order for you to be released from your current contract.

_____ I understand that it is **MY** responsibility to notify my child's teacher of my child's after school schedule.

Participant's Name: _____ Enrollment Date: _____

Parent/Guardian Signature: _____ Date: _____

The following information is required by Wickenburg Unified School District and Maricopa County Attorney Check Enforcement Program to enhance their ability to collect 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 verified.

School Staff Signature: _____

Date: _____