

## **FINANCIAL AGREEMENT**

## Lewis County Adventist Preschool Center 2019-2020

Name of Parents	s/Guardian		
Address			
City		State	Zip Code
Tr		Deposit be paid in full at the time of registrate  Preschool Program	
	r am enrolling r	ny child(ren) in the following prescho	ooi program.
Check chosen program	Options	Schedule	
	Five Full Days	8:00-3:00 M-Th, 8-12 F	\$475.00
	Five Half Days	8:00-11:30 M-F	\$395.00
	Three Full Days	8:00-3:00 M-Th, 8-12 F	\$411.00
	Three Half Days	8:00-11:30	\$363.00
of the 10 monthly each month. Payi charges of 1.5% i	payments is due on the first ments received after the 15 may be assessed on unpaid students at Lewis County	t day of school. Monthly payments the first the month are subject to a late properties as of the last day of the number of the first Preschool Center. I agree	to pay a deposit of \$ 375.00 for each child
		be requested the child(ren) with	
accounts with L approved.	CAS must be paid in full	before registration will be consider	lered complete and acceptance can be
I agree to abide by LCAS Financial Policy, and understand that this is a binding financial agreement.			
SIGNED(Registration Form rev	vised 04/08/2019)		DATE