

**Wave Riders Preschool
253-891-4550
2011-12**

Director: Pam Stoner/ Teacher: Jackie Riem

Child's Name: _____ **Birthdate:** _____

Child's Name: _____ **Birthdate:** _____

Parent/Guardian's Name: _____

Parent/Guardian's Email: _____

We will be using this to email you some re-newal paperwork, start dates and information.

Parent/Guardian's Address: _____

Days we will use Preschool: M: _____ **T:** _____ **W:** _____ **T:** _____ **F:** _____

Tuition per month (Tuition is the same each month for ten months): _____

Date Payment is Due: _____

Overtime Rate is \$1 per minute after end of day..

Late payment fees are \$5 per day

I agree to promptly notify the Preschool of any changes in the above information. I understand that I must notify the Preschool 30 days in advance of the changes. I understand that I am fully responsible for the terms of this agreement as stipulated.

I have read, understand and agree to comply with the policy and procedures, information for families given to me by Pam Stoner, Director of Sumner School District Early Learning Centers

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

I agree to provide Preschool services according to the above plan. I agree to promptly notify the parents or guardians of any changed to the above information

Director's Signature: _____ Date: _____