

In signing this agreement, we, as parents/guardians, realize that we are entering into a contract with Carol Nursery School agreeing to the full financial obligation of the current tuition rates established by the school. We agree to the terms and conditions stated below.

CAROL NURSERY SCHOOL

Parent / Guard	ian Name(s):				
Home Address:		City:	State:	Zip:	
Primary Phone	:	Email:			
Student Name(s):				
We wish to be	placed on a payment p	lan according to the following terms:			
	Quarterly Payment F	Plan			
	Balances will be paid in two equal payments per semester, due:				
	August 15 th and October 15 th (1 st Semester) January 15 th and March 15 th (2 nd Semester)				
	,	,			
recognized unle payment shoul	ess in writing and signe d be more than fifteen	are due and payable as stated herein. No ext d by an authorized agent of Carol Nursery Sch (15) days late, the school shall have the right emester tuition must be paid in full prior to th	nool and the undersigne to charge a late fee and	ed. In the event any d/or withhold any	
All payment pla	ans must be paid in full	by May 15 th regardless of start date.			
after August 15	5, 2020, in addition to	cessing fee of \$50.00, due upon submission of the processing fee, an additional \$300.00 initional calculating the monthly or quarterly pay	tial payment must be in	•	
Signature			Date		
Approved By:					
Carol Nursery S	school				

This addendum, if approved, will act as the Alternative Payment Plan (as defined on the School Enrollment Contract).

Office Use Only: Deposit \$
Date: Check #:

Received by: Date: 0

Class(es):