



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 / Guardian Name(s): _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email: _____

Student Name(s): _____

We wish to be placed on a payment plan according to the following terms:

_____ **Quarterly Payment Plan**

Balances will be paid in two equal payments per semester, due:

August 15th and October 15th (1st Semester)

January 15th and March 15th (2nd Semester)

All monies due under this agreement are due and payable as stated herein. No extensions or delays in payment will be recognized unless in writing and signed by an authorized agent of Carol Nursery School and the undersigned. In the event any payment should be more than fifteen (15) days late, the school shall have the right to charge a late fee and/or withhold any and all services to the student. First semester tuition must be paid in full prior to the beginning of the second semester.

All payment plans must be paid in full by May 15th regardless of start date.

All payment plans are assessed a processing fee of \$50.00, due upon submission of this addendum. If a plan is requested after August 15, 2020, in addition to the processing fee, an additional \$300.00 initial payment must be included, which will be deducted from total tuition due when calculating the quarterly payment amount.

Signature

Date

Approved By:
Carol Nursery School

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

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|-----------------------------|-------|----------|------------|
| Office Use Only: Deposit \$ | | | |
| Received by: | Date: | Check #: | Class(es): |