

**PRESCHOOL ENROLLMENT AGREEMENT
 BUNDY CANYON CHRISTIAN SCHOOL
 23411 BUNDY CANYON ROAD
 WILDOMAR, CA 92595**

I understand that the standards of Bundy Canyon Christian School do not tolerate profanity, obscenities in word or action, possession or use of drugs, alcohol or cigarettes, sexual harassment, dishonor to the Word of God, disrespect to the personnel of the school or the continued disobedience to the established school policies. I also understand that the school reserves the right to expel any student who fails to comply with the established regulations and discipline (See Handbook). _____ Initials

I understand that arrangements for payment of the Preschool Program Fees and for other financial obligations must be completed before my child's first day in the program. Please note that BCCS observes all National Holidays (See School Calendar) and are accounted for in your Preschool Program fees. In other words, you will be billed for all National Holidays that fall on your child's regularly scheduled day. _____ Initials

The school financial policies are as follows:

***ONE-TIME PAYMENT IN FULL:** Full payment of Preschool Program fees for the year made directly to the school is due by August 1st. You will receive a 10% discount on the first child rate only. _____ Initials

***REFUND POLICY OF PAID PRESCHOOL FEES:** I understand that if I withdraw my child from the Preschool Program before the end of the year that I will only receive a 50% refund of the remaining portion of the year. _____ Initials

***WEEKLY INSTALLMENT PAYMENTS:** The Preschool Program fee is a fixed amount (See Fee Schedule for current rates and fees), payable in weekly installments due each and every Monday. If you would like to make other arrangements, you must do so before your child's first day or give advance notice. _____ Initials

***WITHDRAWAL:** I understand a written notification must be given to the school office 2 weeks in advance of withdrawing my child from the Preschool Program. Failure to give such notice will result in being charged for that 2 week period (See Fee Schedule for current rates and fees). _____ Initials

I understand that the enrollment (space) I have reserved for my child will be charged to my account whether my child is here or absent. I understand that I need to notify the office in order to change my child's enrollment (reserved space) because we are limited to a certain amount of children. _____ Initials

Circle the days and write the hours your child will be attending the Preschool Program:

MON	TUES	WED	THURS	FRI
_____	_____	_____	_____	_____
HRS	HRS	HRS	HRS	HRS

 CHILD'S NAME

 MOTHER AND/OR GUARDIAN SIGNATURE
 (Responsible for Payment - Signature Required)

DATE: _____

 FATHER AND/OR GUARDIAN SIGNATURE
 (Responsible for Payment - Signature Required)

DATE: _____