Preschool Tuition Agreement

1. My child ___________________________ [Name] is enrolled at Foothills Alliance Preschool and Kindergarten (i.e. Foothills Alliance Kindergarten Society) for the 2020-2021 school year.

2. I/We agree to and shall pay the full tuition fees in relation to the Student for the School Year in accordance with the Payment Schedule. Foothills Alliance Preschool tuition fees shall be paid in 10 equal payments, one payment for June at the time of registration and monthly payments from September to May. Monthly payments shall be due on the first day of the month through pre-authorized withdrawals.

3. I/We understand and agree that:
   a. if the Student withdraws from the School at any time, a 30 day written notice is required or one month’s fee will be charged. There will be no refunds for June deposits for cancellations made after September.
   b. if the Student is required to receive on-line distance learning/educational programming due to a force majeure such as a pandemic, or due to extenuating circumstances:
      i. no refund or fee reduction shall be applied to the Tuition Fees

4. I/We understand that in the event of my/our failure to comply with this Agreement, the School may take any steps in law or equity it deems necessary for the collection of unpaid or overdue Tuition Fees.

5. Should I/we have difficulty in meeting the Tuition Fee obligations set out in this Agreement, I/ we shall notify the School Director so that special arrangements may be discussed to see if the parties can come to a mutually agreed upon written payment schedule/arrangement.

I/We _____________________________ have read, understand and agree to the terms and conditions of this Tuition Agreement. My/Our signature(s) on this Tuition Agreement recognizes that I/we agree to pay the Tuition Fees in accordance with this Agreement.

Name(s) of Parent/Legal Guardian: ___________________________ and ___________________________

Parent/Legal Guardian Signature: ___________________________ Date: ___________________________

Parent/Legal Guardian Signature: ___________________________ Date: ___________________________

Student's Name: ___________________________ Class: ___________________________