

Western Boone County Community School Corporation
Preschool Program Payment Agreement

Complete and return with deposit on or before May 24, 2025

It is hereby agreed, for participation in the Western Boone Preschool Program, that:

1. Parent(s) will pay \$320.00 as a down payment and non-refundable deposit to secure the spot in the preschool program. The deposit includes a \$50.00 yearly curricular supply fee and the May 2026 tuition. The deposit, in the form of cash or check, should be included with this agreement and delivered to the school office or superintendent's office.
2. Parent(s) agree to enroll in an automatic payment plan for the remaining nine monthly tuitions payments at a rate of \$270 per month for the months of August 2025 through April 2026. Schools will NOT physically collect preschool payments after the initial deposit. Parents are responsible for setting up the subscription with a link that WBOCCSC will provide.
3. The automatic payment subscription must be completed on or before August 1, 2025, for the student to attend the first day. Students will be removed from the program without an active payment subscription and settled account.
4. Should the automatic payment, at any point during the nine-month subscription period, be denied, canceled, or fail to go through, parents will be notified. If this is not rectified within five days, the student will be removed from the program.
5. The monthly tuition is collected regardless of child's absences, school holiday, personal vacations, snow days, or school closures.
6. Students bring their own lunch from home or participate in the school lunch program which is separate from this agreement.
7. Parent(s) will notify child's school seven (7) days prior to withdrawal from school or preschool program.
8. The student must be four years old by August 1, 2025, and must be toilet trained.

Student Name: _____ DOB: _____

Parents Names: _____ Phone: _____

Address/City/State/Zip: _____

Email Address: _____

I hereby agree to the Western Boone Preschool Program Payment Agreement:

Parent Signature _____

Date _____

Circle the School your child will be attending:

Granville Wells

Thorntown