



REGISTRATION FORM AND AGREEMENT
2021-2022

I wish to enroll \_\_\_\_\_ in the Brentwood School District Early Childhood Center for the 2021-2022 school year. I understand that the educational services provided are subject to the following terms and conditions:

- Tuition is determined by the program that you select for your child
• The monthly tuition payments are not refundable
• Students for whom payment is delinquent after the 25th of the month will be charged a \$25 late fee
• If tuition is not paid in full on the 1st of the following month, the child will be removed from the program
• There will be no tuition deduction for legal holidays, school district holidays or professional development days because they are built into the tuition
• The total cost of your child's program is divided into 10 equal payments
• Missed days cannot be substituted for additional attendance days
• Days that the school district is required to close due to inclement weather or emergencies will be made up at the discretion of the School Board

Table with 4 columns: Tuition Month, Billing Date, Due Date, Late Payment Fee. Rows include months from August to May with corresponding dates and fees.

REGISTRATION: A \$100 non-refundable deposit is required at the time of your child's registration. This fee helps offset the costs of supplies for consumable learning materials. If you qualify for the Free & Reduced Price Meals Program you may be eligible for reduced tuition and registration fee. Please contact Kristin Clemons, Director of Early Childhood, at 314-262-8521 for details. Please complete this form and return it with your check made payable to Brentwood School District.

Child's Age on 7/31/21: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Parent's name(s): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Work/alternate: \_\_\_\_\_

Email address: \_\_\_\_\_ (for tuition invoices, please print clearly)

Does your child have any health concerns that the school nurse will need to be aware of for the school year (asthma, allergies, etc.)? If so, the school nurse will follow up with you. Yes \_\_\_ No \_\_\_

I/We have read and understand the terms and conditions of this Agreement:

Signature: \_\_\_\_\_ Date \_\_\_\_\_