

Dieringer School District

AGREEMENT FOR 4 YEAR-OLD PRESCHOOL 2026-2027

Student Name: _____ Gender: _____ Birthdate: _____

Does your child have an IEP (Individualized Education Plan)? ☐ Yes ☐ No

1. I request that the above named student be enrolled in the *optional* preschool program.
2. Upon confirmation of my student's placement in the program, I agree to pay within five days of notification, a \$25.00 bookkeeping fee (non-refundable), and the first tuition payment of \$930.00 for a total of \$955.00
3. I agree to pay for the preschool program in accordance with *one* of the following plans:

A. ANNUALLY Annual Tuition Due at Confirmation: check or credit card \$4,650.00

B. PAYMENT First Tuition Payment paid at Confirmation is nonrefundable \$930.00
and covers May and June 2027 tuition payments.
(Unfortunately, we are unable to accept monthly credit card payments).

The *remaining* payments by ACH Auto Payment System

Tuition Payment Via ACH withdrawal first week of September	\$465.00
Tuition Payment Via ACH withdrawal first week of October	\$465.00
Tuition Payment Via ACH withdrawal first week of November	\$465.00
Tuition Payment Via ACH withdrawal first week of December	\$465.00
Tuition Payment Via ACH withdrawal first week of January	\$465.00
Tuition Payment Via ACH withdrawal first week of February	\$465.00
Tuition Payment Via ACH withdrawal first week of March	\$465.00
Tuition Payment Via ACH withdrawal first week of April	\$465.00
	\$4,650.00

4. Tuition will not be prorated because of illness, vacations, etc.
5. Hot lunches are available at an additional cost.

Name of Parent/Guardian (Please PRINT)

Address (Please include Zip Code)

Signature

Phone (Please include area code)

Date

E-mail address:

ENROLLMENT CHECK OFF LIST

- | | |
|--|--|
| • Completed & Signed Agreement | Payment Method (A or B) |
| • Completed ACH Auto Payment System Form | A ANNUAL – Complete Tuition Payment \$4,650.00 |
| • \$25.00 Bookkeeping Fee (Non-Refundable) | B MONTHLY – First Tuition Payment \$930.00 |

LATE ENROLLMENT CHECK OFF LIST
(AFTER AUGUST 1ST)

- | | |
|---|---|
| • Start Date if other than first day of school. | _____ |
| | Payment Method (A or B) |
| • Completed & Signed Agreement | A ANNUAL – Contact Bookkeeper for total |
| • Completed ACH Auto Payment System Form | B MONTHLY – First Tuition Payment of \$930.00. |
| • \$25.00 Bookkeeping Fee (Non-refundable) | Bookkeeper will adjust remaining monthly ACH payment amounts. |

- ☐ 6. I agree to provide transportation for my child unless they qualify for transportation services through an Individualized Education Plan (IEP) and have completed the evaluation process.