

HASSAYAMPA ELEMENTARY PRESCHOOL

251 SOUTH TEGNER STREET
WICKENBURG, AZ 85390
(928) 684-6750 • (928) 684-6791 FAX
www.hassayampa.wickenburgschools.org



Fee/Attendance Contract

This form must be completed and submitted with the registration form.

I hereby agree to accept full responsibility for payment of all registration and miscellaneous fees required for my child/children to attend Hassayampa Preschool Program.

Part-time Preschool (ages 4-5) 8:00am-11:00 am

Please "X" the days that you would like your child to attend:

_____ **A – 5 days a week (Monday-Friday)** \$2500 yearly tuition
10 equal payments of \$250 due 1st of month OR 20 equal payments of 125 due 1st and 15th (Aug.-May)

_____ **B - 4 days a week (Monday - Thursday)** \$2070 yearly tuition
10 equal payments of \$207 due 1st of month OR 20 equal payments of \$103.50 due 1st and 15th (Aug.-May)

Full Day Preschool (ages 4-5) 7:30am-5:00pm

Please "X" the days that you would like your child to attend:

_____ **A- 5 days a week (Monday-Friday)** \$5,050 yearly tuition
10 equal payments of \$505 due 1st of month OR 20 equal payments of \$252.50 due 1st and 15th (Aug.-May)

_____ **B- 4 days a week (Monday – Thursday)** \$4,100 yearly tuition
10 equal payments of \$410 due 1st of month OR 20 equal payments of \$205 due 1st and 15th (Aug.-May)

Discounts:

_____ 8% discount if annual tuition is paid in full at beginning of school year (Aug 1st)

_____ 5% discount if annual tuition is paid in two payments at the beginning of each semester (Aug. /Jan)

Monthly total for _____ is _____, totaling one monthly
(child's name)
payment of _____ or two monthly payments of _____.

Discount if applicable _____ Payment total _____.

Check, money order, or cash can be accepted.

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Please initial below:

_____ Tuition is due on the first of each month. (1st and 15th if making 20 equal payments)

_____ I understand that the entire contracted fee is due every month and that it is based upon days my child is enrolled. No credits or refunds will be given for illness or absence.

_____ I understand that a late fee may be assessed if the payment is made past the due date.

_____ I understand that a late pick-up fee will be assessed at the rate of \$15.00 for every fifteen minutes past the scheduled ending of the day. (1-15 minutes-\$15.00, 16-30 minutes-\$30.00, etc.)

1st time: Written warning

2nd time: Fee plus written warning

3rd time: Fee plus 3 day suspension

4th time: Removal from Program

_____ Withdrawal/change policy: It is Hassayampa's Preschool Policy that prior notice is required to terminate or change your enrollment in the program. If for any reason you decide to change or drop your child's enrollment from the program, notification must be made 2 weeks in advance to Program Director for you to be released from your current contract.

_____ I understand that it is **MY** responsibility to notify my child's teacher of my child's after school schedule.

Participant's Name: _____ Enrollment Date: _____

Parent/Guardian Signature: _____ Date: _____

The following information is required by Wickenburg Unified School District and Maricopa County Attorney Check Enforcement Program to enhance their ability to collect and/or prosecute bad check writers.

Parent's name: _____ Driver's License # _____

Address _____ Expiration Date _____

For school office:

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I verify that the driver's license information on this form has been verified.

School Staff Signature: _____ Date: _____