



*"Guide Their Future"*

## St. Thomas of Villanova Preschool TUITION AND SERVICES AGREEMENT

CHILD'S NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PROGRAM: \_\_\_\_\_ START DATE: \_\_\_\_\_

TUITION AMOUNT: \_\_\_\_\_ #1 \_\_\_\_\_ #2 \_\_\_\_\_ #3 \_\_\_\_\_  
(Payment #1 due with application, payments 2 & 3 are due August and January)

Anticipated schedule for the child: \_\_\_\_\_ days \_\_\_\_\_ arrival time \_\_\_\_\_ pick up time

SERVICES PROVIDED: 9 month, full day Child Care provided including the following:

- Daily care, supervision, and engagement in academic, social/emotional, physical, and independent activities.
- Assistance and supervision during meals and snacks. All food and supplies to be provided by the parent.
- Regular communication with parent regarding health and welfare of the children during their care.
- Child Service Report, describing child's growth and development within the context of our facility will be performed at a minimum every 6 months. Conferences with your child's teacher also available.

### REQUIREMENTS/PROVISIONS:

- All custodial parents are required to sign a Tuition Agreement prior to enrollment of their child at St. Thomas of Villanova Preschool.
- A \$400 deposit to register your child for St. Thomas of Villanova Preschool. The deposit is applied to the total tuition and is non-refundable.
- Tuition may be paid by check, cash or a credit card using the Parish Giving Payment Card Industry by going on to [www.stthomasofvillanova.org](http://www.stthomasofvillanova.org) and click on the Parish Giving logo to set up your account.
- There is no credit given for vacations, scheduled holidays, child illness, or closings due to emergency situation, inclement weather, or acts of God.

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Rosemont, Pennsylvania 19010

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## TUITION AND SERVICES AGREEMENT (continued)

- Non-payment of tuition is grounds for immediate dismissal from the program. Timely payments are essential for continued enrollment at St. Thomas of Villanova Preschool; however, if you anticipate difficulty with paying on time, please discuss the matter with the director immediately.
- There will be a \$25 fee charged for insufficient check funds and late payments

**I have read and agree to abide by the terms and conditions of this agreement.**

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Director Signature \_\_\_\_\_ Date \_\_\_\_\_

Authorized Release Persons (including parents)

Name Address Phone

| Name | Address | Phone |
|------|---------|-------|
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