

2024-2025 Enrollment Agreement
CHRIST LUTHERAN EARLY EDUCATION CENTER
11720 Nieman Road, Overland Park, KS 66210 913-754-5840

Child's Name _____ Boy Girl

Date of Birth _____

Address _____ City _____ Zip _____

Primary email address for correspondence _____

Mother's Name _____ Employer _____

Cell or Home Phone _____ Work Phone _____

Email _____

Father's Name _____ Employer _____

Cell or Home Phone _____ Work Phone _____

Email _____

The session(s) have been marked accordingly to the preferences indicated on the Enrollment Request form.

Full Day Multi-age Class (3's & 4's & 5's) 8:30am – 3:30pm

My child is reliably potty trained and able to use the bathroom independently.

My child is reliably potty trained. Yes No

Monday Tuesday Wednesday Thursday Friday

Parent's Day Out: 2 ½ - 3 ½ year old 9:00-11:30am Half Day 9:00-2:30pm Full Day

Monday Half Day Full Day Tuesday Half Day Full Day

Wednesday Half Day Full Day Thursday Half Day Full Day

Friday* Half Day Full Day **Based on interest &/availability*

Preschool: Students who are 3 or 4 by September 1st 9:00-11:30am

Students must be potty trained and able to use the bathroom independently.

My child is reliably potty trained. Yes/No

3 Year Old Monday & Wednesday Class

3 Year Old Tuesday & Thursday Class

4 Year Old Monday-Wednesday-Friday Class

4 Year Old Tuesday-Thursday-Friday Class

Pre-K: 5 years old by October 31st 9:00-11:30am Must attend all 4 days to enroll.

Monday, Tuesday, Wednesday & Thursday

Friday Discovery: 9:00-11:30am

Friday* ** Based on interest &/availability*

Extended Day Options:

Before Care: 8:30-9:00am Monday Tuesday Wednesday Thursday Friday

Lunch Bunch: 11:30am-2:30pm Monday Tuesday Wednesday Thursday Friday

The undersigned parent (or guardian) hereby enrolls _____(Child’s name)
for the school year (September-May) in Christ Lutheran Early Education Center.

I agree to pay tuition as follows: First payment of \$_____ which includes tuition for one month and non-refundable registration fee. Eight equal payments of \$_____ will be due on the first of each month starting September 1 and concluding April 1. Payments will be submitted by **check, cash, credit card** or **automatic withdrawal** from checking account. (Circle your option)

I understand that my child may be withdrawn and payments stopped after a 14-day notice is given to the Director in writing. (Any tuition due in arrears will still be payable, even if the child is no longer enrolled.) **I understand that by reason of the necessary commitments of the school, refunds of initial tuition will not be made after May 1 of the enrollment year.**

I understand that the required forms, including a Health Assessment and an Emergency Form must be on file in the Early Education Center office before my child can be admitted to class.

Before me, the undersigned authority, on this day personally appeared know to be the person whose name is subscribed herein, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this ____ day of _____.

Notary Public in and for _____
County, Kansas.

My commission expires _____.

Notary’s Signature _____

(Notary seal)

Parent’s Signature

Date

2024/2025 Payment Schedule

September	October	November
December	January	February
March	April	May *

* Non-refundable tuition