



North Run Baptist Preschool

2100 Lydell Drive
 Richmond, VA 23228
 804-226-3084 (ext. 310)
 northrun.prek@gmail.com

Enrollment Agreement:

Please indicate the appropriate age group: _____ Three year old class (3 by Sept. 30)
 _____ Four year old class (4 by Sept. 30)

I hereby enroll my child, _____, in the North Run Baptist Church Preschool for the 2024-2025 school year. A registration fee accompanies this agreement. I understand that this fee is non-refundable. I understand that I must give at least one month's tuition no later than the first day of school and may choose to use one of the following payment plans:

Available Programs	Registration Fee	9 Monthly Payments	2 Semi Annual	1 Annual Payment	<u>Please Initial</u>
3 year old 3 days (Tues.-Thurs.)	\$120.00	\$220.00	\$990.00	\$1,980.00	
4 year old 3 days (Tues.-Thurs.)	\$120.00	\$220.00	\$990.00	\$1,980.00	
4 year old 5 days (Mon.-Fri.)	\$130.00	\$310.00	\$1,395.00	\$2,790.00	

Please make checks payable to North Run Baptist Preschool

A \$5.00 late fee will be added if payment is not received by the fifth of the month

I understand that no refund of the tuition will be made upon the withdrawal of my child except for the following reasons:

1. If parents are transferred from the Richmond metro area. (This does not include

moving to one of the surrounding counties such as Hanover, Goochland, Chesterfield, etc.) This means moving to another city in VA such as Chesapeake, Farmville, Roanoke, etc., or another city in another state. A month's notice must be given.

2. If a child becomes so ill that the doctor recommends withdrawal from preschool. A note from the physician is required.

I understand that I must show the teacher or the director my child's birth certificate before he/she can attend this school in accordance with VA state law. I also understand that I must provide the school with an updated copy of my child's immunization records to be kept on file at the school, as required by the state health department.

I, the undersigned, hereby make application to enroll my child in the North Run Baptist Preschool. I agree to pay the prescribed registration fee and tuition following one of the listed plans. I understand that no reduction of tuition will be made for holidays or absences. I understand that I must pick up my child on time. I also agree to abide by the health guidelines listed on the health history form.

Parent/Guardian: _____ Date: _____ Director:

_____ Date: _____