

LIVINGSTON COUNTY PRESCHOOL TUITION CONTRACT

I, _____, accept a tuition slot in the Preschool/Head Start program for and in behalf of _____ and acknowledge and accept the following criteria:

- Tuition slots are determined on a month-by-month basis. Availability is based on Preschool/Head Start enrollment for the district; enrollment can fluctuate.
- The increase and/or decrease of enrollment of eligible Preschool/Head Start students, or systemic changes, may necessitate the reduction of tuition slots resulting in the withdrawal of the child from the program.
- Transportation to and from school will be the responsibility of the parent/guardian unless district administrative personnel determine that there is enough space on current buses and the child lives on an existing transportation route.
- Lunch and/or breakfast costs for the child will be the responsibility of the parent/guardian (free or reduced applications may be submitted).
- Tuition is to be paid each month. Payment in full is due prior to the child attending that month.
- The current tuition rate is:
 - Enrollment days [(circle one) half or full] _____ x \$_____ = \$_____ year.
 - Monthly payments of \$_____ (\$_____ per week).

Please sign both copies, keep one copy for your records and return the other copy.

Signature (Parent/Guardian)

Date

Tammy Sayle, Preschool Coordinator
Livingston County Schools
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