2025-2026 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	Ziį	Zip				
Primary email a	ddress for corres	pondence							
Mother's Name			_ Employer						
Cell or Home Ph	none		Work Phone						
Email									
Cell or Home Phone			Work Phone						
Email									
Parent's Day Ou	<u>ıt:</u> 2½-3½ yea	r old 9:00-1	11:30am Half Day	9:00-2:30pm Fu	II Day				
		ull Day	Tuesday \square H	alf Dav □Full [Dav				
•	•	ull Day	•	•	•				
•	•	ere is enough inte	•	•	•				
		or 4 by Septembe							
	• •		throom independently						
	Monday & Wedn	•		☐ 3 Year Old Tuesday & Thursday Class					
∐4 Year Old N	☐ 4 Year Old Monday-Wednesday-Friday Class ☐ 4 Year Old Tuesday-Thursday-Friday Class								
	s old by October sesday, Wednesday	31 st 9:00-11:3	30am Must atten	d all 4 days to enro	oll.				
•	• •	•							
Friday Discover ☐ Friday	<u>y:</u> 9:00-11:3	uam							
Multi-age Class (3's, 4's & 5's) Flexible scheduling options M-F, 8:30am – 3:30pm									
My child is reliably potty trained and able to use the bathroom independently. \square Yes $\;\square$ No Select days and times desired.									
	☐Monday	□Tuesday	□Wednesday	☐Thursday	□Friday				
Before Care	8:30-9:00	8:30-9:00	8:30-9:00	8:30-9:00	8:30-9:00				
Class	9:00-11:30	9:00-11:30	9:00-11:30	9:00-11:30	9:00-11:30				
Lunch Bunch	11:30-2:30	11:30-2:30	11:30-2:30	11:30-2:30					
Full Day	8:30-3:30	8:30-3:30	8:30-3:30	8:30-3:30	8:30-3:30				

Extended Day Options:							
Before Care: 8:30-9:00am	\square Monday	□Tuesday	\square Wednesday	□Thursday	□Friday		
Lunch Bunch: 11:30am-2:30pm	\square Monday	□Tuesday	□Wednesday	□Thursday	□Friday		
The undersigned parent (or guardian) h	ereby enrolls				(Child's name)		
for the school year (September-May) in	Christ Luther	an Early Educa	tion Center.				
I agree to pay tuition as follows: First p	ayment of \$		which inc	cludes tuition fo	or one month and		
non-refundable registration fee. Eight equal payments of \$ will be due on the first of each							
month starting September 1 and conclu	iding April 1.	Payments will	be submitted by	check, cash, cr	edit card or		
automatic withdrawal from checking a	ccount. (Circle	your option)					
I understand that my child may be with	drawn and pa	yments stoppe	ed after a 14-day	notice is given	to the Director in		
writing. (Any tuition due in arrears will s	still be payabl	e, even if the c	hild is no longer o	enrolled.) I un	derstand that by		
reason of the necessary commitments	of the school	refunds of in	tial tuition will n	ot be made af	ter May 1 of the		
enrollment year.							
I understand that the required forms, ir	ncluding a Hea	lth Assessmer	t and an Emergei	ncy Form must	be on file in the Early		
Education Center office before my child	can be admit	ted to class.					
Before me, the undersigned authority, on the personally appeared know to be the person name is subscribed herein, and acknowledge that he/she executed the same for the purports.	whose ed to me						
expressed.	Parent's Signature						
Sworn and subscribed before me this	day of						
Notary Public in and for	·	Date					
County, Kansas.							
My commission expires	·		ayment Schedule				
Notary's	1	_					
Signature		September	October	November			
		December	January	February			
(Notary seal)		March	April	May *			

^{*} Non-refundable tuition