



Trinity Kids Preschool
1800 Country Club Rd.
Lake Charles, LA 70605
(337) 310-8425
Director: Elise Brocato

Enrollment Contract

Child's Name: _____ Birthdate: _____ Male/Female
Dad's Name: _____ Dad's Phone #: _____
Mom's Name: _____ Mom's Phone #: _____
Address: _____ City/Zip: _____
Parent's Email Address: _____ Dad's DOB _____
Mom's DOB _____

Please circle the days you would like to register for the summer and/or fall.

Summer: Monday Tuesday Wednesday Thursday

Fall/Spring: Monday Tuesday Wednesday Thursday

Please read each of the following statements and initial to the left of each.

_____ *I agree to pay the registration, book fees and supply fees at the time of enrollment. **I understand that these are nonrefundable fees.**

_____ *I agree to pay the tuition by the 15th of every month.

Bills will be sent out at the beginning of each month.

_____ *I agree to pay a \$20 late fee if the tuition is not paid by the 20th.

_____ *I agree that tuition is due regardless if my child is present or not.

_____ *I agree that full tuition is due each month.

_____ *I agree to give Trinity Kids Preschool office a two-week notice before withdrawal.

Parent Signature: _____ Date: _____

For Office use only:

Registration : Summer \$ _____ Summer Supply Fee \$ _____

Fall/Spring \$ _____ Book and Supply Fees \$ _____