



**MT PLEASANT PRESBYTERIAN LEARNING CENTER
REGISTRATION AGREEMENT 2017-2018**

I understand the registration fees are NON-REFUNDABLE and may not be applied to current or future tuition payments.

I understand a 2 week notice must be given for early withdrawal from the program and tuition must be paid up until the withdrawal date.

In addition to the tuition owed upon withdrawal, I understand an early withdrawal fee, enforced after the first day of class, must be paid as follows and fees do not apply towards tuition:

\$100 for infant/toddler classes, \$200 for 2K-3K classes, \$400 for 4K and 5K classes

I understand the **FIRST tuition payment for the 2017-2018 school year is due on August 1, 2017.**

I understand the following tuition rates for the 2017-2018 school year:

CLASS	MONTHLY	SEMESTER	YEAR	Days/Week	HOURS	REGISTRATION
Infants (3-11mos)	\$100	\$450.00	\$900	1	9-12 Friday	\$100
Toddlers (12-17)	\$175	\$787.50	\$1575	2	9-12 T/TH	\$175
Toddlers (18-23)	\$180	\$810.00	\$1620	2	9-12 T/TH or M	\$180
2K	\$205	\$922.50	\$1845	2	9-12 T/TH	\$205
3day 2K	\$255	\$1147.50	\$2295	3	9-12 MWF	\$255
3K	\$260	\$1170.00	\$2340	3	9-1 M/W, 9-12	\$260
4-day 4K	\$280	\$1260.00	\$2520	4	9-1 M-TH	\$280
5day 4K	\$305	\$1372.50	\$2745	5	9-1 M-TH, 9-12	\$305
5K	\$330	\$1485.00	\$2970	5	9-1 M-TH, 9-12	\$330

I understand that subsequent tuition payments will be due on the first of each month with the last tuition payment being due on April 1, 2018 (for May's tuition).

I understand if my first monthly payment is not made by August 10th, 2017, my child's space at MPPLC may be forfeited.

I understand checks should be made payable to MPPLC. (We do accept draft bank checks mailed to the school and these must be made payable to **MPPLC** or **MPP Learning Center** and mailed to 302 Hibben St, Mt Pleasant, SC 29464.)

I understand I must pay bank fees incurred by the school for any returned checks.

I agree to read and follow the Policies and Procedures in the 2017-2018 MPPLC Parent Handbook, which will be made available to me in August 2017.

I understand a \$40.00, non refundable, supply fee is due the first week of school for infants – 5K classes.

I agree to provide MPPLC a current SC Certificate of Immunization by September 30, 2017, and that MPPLC does not accept medical, religious or other exemptions to immunizations.

I understand that current students are given first priority in the enrollment process.

I understand that siblings of current students are given second priority in the enrollment process.

I understand that current church member's children are given third priority in the enrollment process and that in order to be considered a full church member the parents have to have COMPLETED the New Member process by January 30th, 2017, and be considered by the church a full member on that date.

I understand that the director and assistant director have the discretion to balance the classes according to gender.

I understand that teacher/class requests are not accepted.

I understand that I will notify my child's teacher and director of any allergies and provide allergy information in full to the teacher and school. I also understand, with certain food allergies, that I may need to provide appropriate foods/snacks for my child.

I understand that if my child requires emergency medication such as an EpiPen, this prescription along with a doctor's order, and a written parent consent for administration by a staff member, must be kept in the school office. I understand that I must provide a color photo of my child and written instructions for any allergies so that these notices can be posted in my child's classroom and in the main office should an emergency situation occur.

I, the parent/guardian, have registered my child _____ at the Mt Pleasant Presbyterian Learning Center for the 2017-2018 academic school year. I have read and understand the registration, withdrawal, tuition, immunization, class placement, allergy and medical expectations of Mt Pleasant Presbyterian Learning Center and agree to the terms listed above. I have also fully disclosed all pertinent information regarding the well-being of my child.

Signature of parent/guardian _____

Date _____ Printed name of parent/guardian _____