

**Tuition Fee Schedule:**

Item	Due	Fee
Tuition First Installment	Upon acceptance	\$300
Tuition Remainder	As per scheduled	\$1200
<b>Total Fees</b>		<b>\$1500</b>

Tuition includes all materials and snacks.

**Payment Schedule:**

Item	Due	Fee
Tuition Fee (First Installment)	May 15 <sup>th</sup> or upon acceptance	\$300
Tuition- second installment	August 15 <sup>th</sup>	\$400
Tuition- third installment	November 15 <sup>th</sup>	\$400
Tuition- final installment	February 15 <sup>th</sup>	\$400

**Addition Information:**

**Monthly Payments:** monthly payments may be arranged and are due on the last day of each month from August 31<sup>st</sup> to May 31<sup>st</sup>, in addition to the first installment. The monthly payments are \$125. This includes a monthly plan premium of \$5/month.

**Payment in full:** payment may be made in full on or before the first day of preschool.

**Payment methods:** Fees can be paid through customer service, by VISA, MasterCard, Cash (in person only) or Cheque (payable to Toronto and Region Conservation).

**Cancellation Policy:** Parents/guardians who with draw from The Nature School Preschool program on or before June 15<sup>th</sup>, will receive a refund of 75% their first tuition installment. Parents/guardians who with draw from The Nature School Preschool program after June 15<sup>th</sup> will forfeit 100% of the first tuition installment for each child who was enrolled. Cancellations must be submitted in writing to the Manager, Kortright Centre for Conservation.

**With drawl Policy**

Parents/guardians who withdraw their child(ren) from The Nature School Preschool on or after November 30<sup>th</sup> will forfeit 100% of the tuition paid.

**Non-Payment of Fees Policy:**

Tuition payments are to be received on or before scheduled due dates. Payments that are more than three days late are subject to a \$25 late fee charge. If payments are outstanding for 5 or more school dates, your child will not be able to attend school until payments are made in full.

By signing below you agree that you have read and understand the fee and cancellation policies.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Name (Please Print)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date