



SPECIAL NEEDS SCHOOLS OF GWINNETT

PRESCHOOL

School – Parent Contract Agreement

This agreement is made this _____ day of _____ between the Special Needs Schools of Gwinnett, Inc. (hereinafter “SNS”) and the parent (s) (hereinafter “Parents”) of _____. This agreement is for the _____ school year. Parents understand that SNS has made financial commitments to faculty and staff in order to assist with the education of Parents’ child. This contract represents Parents’ financial commitment to SNS.

IN THE SPACES BELOW, PLEASE INITIAL EACH OF THE TEN STATEMENTS, INDICATING THAT YOU HAVE READ, THAT YOU UNDERSTAND AND THAT YOU AGREE TO EACH STATEMENT:

1. _____ **An enrollment fee of \$100.00 accompanies this completed agreement**, and is submitted to the school office by May 31, 2009 in order to reserve a place in the class for the 2009-10 school year. This enrollment fee is not refundable. Registration is not guaranteed to those students registering after May 31st.
2. _____ **Annual Tuition is \$_____ per year. Monthly tuition is \$_____**. It is payable 10 months or 12 months of the year and due starting on June 1, 2009 or August 1, 2009 and ending on the 1st of May 2010 for the 2009-10 school year. (See attached tuition schedule.)
3. _____ Payments must be turned into the SNS office by 9:00 a.m. on the 1st of each month in order to avoid additional late fees. If tuition is not paid by 9:30 a.m. on the 5th day of each month, a late fee of 20% is assessed and due. If legal action must be taken to collect a past balance due, parents are responsible for collection and attorneys’ costs of a minimum of \$200.00.
4. _____ **Annual tuition does not include** any Before or After School Care fees, Summer Program activity fees, or any after hour or extra-curricular classes which may be offered during the school year. Tuition payments, supply fees, activity fees, Before School Care,

After School Care fees and/or late fees assessed that are *more than 30 days past due* shall be reason for a child's immediate expulsion for all SNS programs.

5._____ No refunds will be made for absences or expulsions from any program at SNS. No refunds will be made for students who voluntarily leave any program at SNS without 30 days written notice to SNS. This means that by enrolling or re-enrolling your child at SNS, parents agree to Be Fully Liable for the Annual Tuition as set forth in this agreement.

6._____ Students who attended SNS during the 2008-09 school year and are *pre-registered for 2009-10 school year* may attend the **SNS Great Beginnings Program at a discounted rate of \$55.00 per week**. Otherwise, SNS summer programs are \$110.00 per week. Summer Program **registration fees of \$50.00 are not included** in the regular tuition for students who participate in a summer program at SNS **and are due at time of Summer Program registration**. Students are encouraged to, but not required to attend summer programs at SNS.

7._____ **Open House for the 2009-10 school year is Sunday, August 9th from 1-4pm.** On or before that day, the following fees in addition to your tuition are due for students: **Supply Fee of \$50 and Activity Fee of \$50.00.**

8._____ **Fundraising Participation.** Parents are encouraged to actively participate in fundraising activities. Therefore, **Parents shall be required to volunteer at least five (5) hours of time at School-Sponsored fundraisers or pay SNS a \$100.00 fundraising fee by no later than April 30, 2010.**

9._____ By signing below, parents agree that they understand the enrollment fee, tuition schedule and the school fees for their child. Parents understand that SNS is relying on parents to fulfill parents' financial commitments to SNS so that SNS can fulfill its financial commitments to others on parent's behalf.

10._____ The laws of the State of Georgia shall govern this SNS School-Parent Contract Agreement. In the event of default in the payment of any sums due hereunder, SNS shall be entitled to

reimbursement from parents for all costs of collections, including reasonable attorneys' fees and costs.

Name of person(s) responsible for payment: _____

Address: _____

Phone #: _____ email: _____

Child's Full Name: _____ Age: _____

Father's Name (Printed)

Father's Signature

Mother's Name (Printed)

Mother's Signature

Elinore M. Trotter (on behalf of SNS) Payment Rec'd ___ Check # _____



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660 Davis Road, Lawrenceville, GA 30045
(678) 442-6262 www.specialneedsschools.org
email: snsogwinnett@bellsouth.net
Elinore Trotter – Director

PRESCHOOL TUITION SCHEDULE
Special Needs Students

Toddlers (24 months to 35 months)
9:00am to 1:00pm

	<u>Yearly</u>	<u>Paid 12 mo.</u> (June-May)	<u>Paid 10 mo.</u> (Aug-May)
2 days/week	\$2,050	\$171/mo	\$205/mo
3 days/week	3,070	256/mo	307/mo
4 days/week	4,095	341.25/mo	409.50/mo
5 days/week	5,120	427/mo	512/mo

Preschool (3 years to PreK)
9:00am to 1:00pm

	<u>Yearly</u>	<u>Paid 12 mo.</u> (June-May)	<u>Paid 10 mo.</u> (Aug-May)
2 days/week	\$2,730	\$227.50/mo	\$273/mo
3 days/week	4,095	341.25/mo	409.50/mo
4 days/week	5,480	455/mo	546/mo
5 days/week	6,825	568.75/mo	682.50/mo

Individual Tutoring, Specialized Instruction: \$35.00 per hour



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PRESCHOOL TUITION SCHEDULE

Typical Students

Toddlers (24 months to 35 months)

9:00am to 1:00pm

	<u>Yearly</u>	<u>Paid 12 mo.</u> (June-May)	<u>Paid 10 mo.</u> (Aug-May)
2 days/week	\$1,030	\$ 86/mo	\$ 103 /mo
3 days/week	1,545	139/mo	154.50/mo
4 days/week	2,060	172/mo	206/mo
5 days/week	2,580	215/mo	258/mo

Preschool (3 years to PreK)

9:00am to 1:00pm

	<u>Yearly</u>	<u>Paid 12 mo.</u> (June-May)	<u>Paid 10 mo.</u> (Aug-May)
2 days/week	\$1,365	\$113.75/mo	\$136.50/mo
3 days/week	2,050	171/mo	205/mo
4 days/week	2,730	227.50/mo	273/mo
5 days/week	3,420	285/mo	342/mo

Individual Tutoring, Specialized Instruction: \$35.00 per hour