



ROSARY PRESCHOOL

94-1249 Lumikula Street, Waipahu, HI 96797
Phone & Fax #: (808) 677-1202
website: <http://www.rosarypreschool.com>

TUITION CONTRACT

*We, the undersigned agree to the terms stated in the Fees and Tuition SY 2026-2027
and will pay the amounts indicated thus.*

(Print)

I am enrolling my child/children, _____, _____,
for the school year 2026-2027.

I understand that my monthly tuition pays teachers' salaries; therefore, no adjustment can be made because of illness, absence, holidays, dismissal, or withdrawal.

I agree to pay the monthly tuition of _____ paid on or before the first week of each month from August 3, 2026, to May 31, 2027. Late fees apply. Or I may pay the tuition in full.

I understand that a fee of \$35.00 will be assessed for bounced or returned checks.

In the case of the need to drop off early or pick up later than my chosen daily schedule my child, I agree to pay in cash the fee of \$5.00 every 15 minutes.

I agree to support my child/children and his/her education by actively participating in communication with the teachers and by committing myself and/or my spouse to attend any meetings during the school year.

I understand that I have the privilege of cancelling this contract provided I give written notice to the school thirty days prior to the withdrawal.

Because the Director does recognize that extraordinary circumstances may exist, she may at her discretion waive any of the above provisions.

Parent's Name (Print): _____

Parent's Signature: _____

Director's Signature: _____

Date: _____