



7196 SOM Center Road
Solon, Ohio 44139
Phone: (440) 248 - 4066
Fax: (440) 248 - 9413
www.orlcsolon.org

Preschool Director: Brianne Edens preschool@orlcsolon.org
Assistant Director: Kendall DeWitt kdewitt@orlcsolon.org

LATE FEES

Dear Parents,

In order to keep our preschool running effectively and efficiently, we have implemented the following policies:

1. By State regulation, your child's Health Enrollment Form and Medical Statement must be on file in order for your child to attend class. Your child's teacher will arrange a time to meet with you if your child requires a Medical/Physical Care Plan. You will receive a written reminder and form when your child's new Medical Statement is due (12 months from the last physical exam).
2. Tuition is paid quarterly and is due on or before August 15th, November 15th, and February 15th. You will receive a tuition invoice via email for the first quarter and in your child's folder for the second and third quarters. Late payments are subject to a \$25 late fee. Full payment must be received within 10 business days in order for your child to continue to attend class. Any NSF checks that are returned to us by the bank will incur a \$30 fee and you will have 5 days to make full payment.
3. Please be on time to pick up your child from school. We realize that emergencies and unforeseen circumstances occur on occasion, so please call the church if you will be late coming to pick up your child in those situations. Parents/caregivers who are consistently more than 5 minutes late (15 minutes past dismissal time) will be assessed \$10 for each 5-minute increment.

If you have any questions about the late fees, forms, or other preschool policies, please do not hesitate to contact me at any time.

Blessings,
Brianne Edens

✂

Please cut on the line above and return this portion to Our Redeemer Lutheran Preschool to be placed in your child's file. Please keep the top portion for your records.

I have read the Late Fee policies of Our Redeemer Lutheran Preschool and agree to pay any fees associated with late payments, NSF checks, and/or consistently picking my child up late from school.

Parent Name (Print) _____

Signature _____

Child(ren)'s Name(s) _____

Class(es): 3's 4's Pre-K (Please circle all that apply)