# PRINCETON CITY SCHOOLS
### EMPOWERING EACH STUDENT FOR COLLEGE, CAREER, AND LIFE SUCCESS

This form is required for Preschool enrollment.
Every effort will be made to honor the preferences of the parents.
However, PCSD reserves the right to assign students to
classes based on the needs of the district and the school.

<table>
<tr><td colspan="2"><strong>Parent/Guardian Financial Agreement</strong></td></tr>
<tr><td colspan="2"><strong>For School Use Only:</strong><br>Student ID#: _____<br>Enrollment Date: _____<br>Elementary School: _____<br>( ) PS-AM     ( ) PS-PM</td></tr>
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## **Fee subsidies are available for eligible families.

## Eligibility will be determined with completion of the JFS 01121 Eligibility Screening Tool and submission of 2 proof of income forms**

- **I fully acknowledge that the full price of the Preschool program is $298.00 per month.**
- **I fully acknowledge that there is no refund for fees paid in advance for any reason.**
- I agree to pay the fee in 9 equal installments thereafter, with no deductions for absences, holidays, vacations, withdrawals, or calamity days. I also acknowledge that the monthly fees are due on or before the last Friday of every month of the student's enrollment.
- I agree that unpaid fees will result in a withdrawal of my child from the preschool program.
- I agree to pay a $20.00 fee for a returned check and will submit payments thereafter with a money order, cashier's check, or in cash.
- I understand and acknowledge that legal action may be taken against me to collect all unpaid obligations accrued with the Princeton City School District.
- I understand and acknowledge that my child will not be able to enroll in any future fee-based programs within the Princeton City School District if past due balances or fees are owed.

Child's Full Name: _____ DOB: _____

Address: _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Mobile # _____ Work # _____

Parent/Guardian Name: _____ Date: _____

Parent/Guardian Signature: _____

Mobile # _____ Work # _____

**( ) I voluntarily decline eligibility for fee subsidies.** *(The JFS 01121 Eligibility Screening Tool will still be required per the Ohio Department of Children and Youth but proof of income is not required.)*

<u>Parent/Guardian Preschool program preference</u>:

( ) PS-AM     ( ) PS-PM

2/5/2025