



Patron ID \_\_\_\_\_

## 2015-2016 Preschool Program

Name of Center: \_\_\_\_\_

Director: \_\_\_\_\_

Assistant Director: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address (to calculate mileage due) and directions from a major road: \_\_\_\_\_

Center Phone Number: \_\_\_\_\_ e-mail address: \_\_\_\_\_

### COMPLETE THE FOLLOWING INFORMATION

**Choose the program schedule you would like:**

SCIENCE twice a month (16 visits per year, per class) **\$1,200\***

SCIENCE once a month (8 visits per year, per class) **\$575\***

SCIENCE one time visit (45 minute class) **\$125\***

Choose from *Fossils & Dinosaurs, Insects & Spiders, Magnets, Ocean Animals, Light & Color, Inside the Body and Junior Engineers.*

**\*Mileage fees will be included in this year's contract. Amount will be current government rate (56¢ per mile) and will be billed along with contract payments. To estimate mileage, please use the following address: 1935 19th Street SE Hickory NC 28601.**

Class 1 (Maximum of 25 students)	Class 2 (Maximum of 25 students)
Teacher name:	Teacher Name:
Number of Students:	Number of Students:
Age:	Age:
Estimated mileage:	Estimated mileage:

**Total amount my center will pay for CSC's Preschool Program: \$ \_\_\_\_\_**

(To determine fee, multiply the program schedule fee by the number of classrooms participating.)

**PAYMENT OPTIONS (Choose one):** *It is the responsibility of the preschool director/owner to make payments according to the option chosen.*

- Monthly (due on the last working day of each month) starting in September
- Semi-annually (due September 30, 2015 and January 31, 2016)
- Payment for single classes due at time of class**

**Total amount is due no later than May 1, 2016, regardless of the chosen payment option. Some prices and terms may have changed since last year. Your signature confirms agreement to the conditions stated on this contract.**

\_\_\_\_\_  
Director of Preschool or Owner Signature

\_\_\_\_\_  
Date