

TUITION CONTRACT FOR INTEGRATED PRESCHOOL AT BROADMOOR SCHOOL  
LAKE COUNTY BOARD OF DEVELOPMENTAL DISABILITIES/DEEPWOOD

\_\_\_\_\_ (parent/guardian) hereby enters into a contract for admission of typical student(s) listed below with the Broadmoor School of the Lake County Board of Developmental Disabilities/Deepwood for preschool educational purposes for the school year 2024-2025.

The parent agrees to:

1. Pay prior to the beginning of school a non-refundable \$20.00 registration fee guaranteeing your child's spot. This will be applied to the first month's tuition. Enrollment is defined as completion, signature and return to Broadmoor School the following: (Registration Form, Emergency Medical Form; Health/Medical Form; this Contract and the check). If the student is enrolled during the school year, the pro rated monthly tuition calculated by the Business Office must be paid prior to the child attending class.
2. Pay tuition in advance. Please make checks payable to **Lake County Board of DD/Deepwood** and mail to: 8121 Deepwood Blvd., Mentor, OH 44060. Please note in the memo section of the check, (integrated preschool and your child's name.) Payments will be made by the first day of the child's schedule each month. If payment is not received by the 5th day of that month, your child will be unable to attend classes.
3. Follow the schedule established in the preschool letter for the time and number of days the child will be attending. This amount will be charged whether or not the child is in attendance. The amount is based on the scheduled school days available.
4. Two or more occurrences of returned checks will result in being asked to pay by cash or money order only.
5. Give the Principal two weeks written notice prior to withdrawing the child from the school or changing the child's schedule. If this notice is not given, the parent will be held responsible for the two weeks of tuition.

EACH FAMILY WILL SIGN AND RECEIVE A COPY OF THE TUITION CONTRACT TO BE RENEWED ANNUALLY OR WHENEVER THERE IS A CHANGE IN TUITION.

Name of Parent/Guardian: \_\_\_\_\_ Name of Student(s): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone Number: (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

(Check One)

Fees: Five (5) full days/wk = \$ 361.00/month	Five (5) half days/wk = \$147.00/month
Four (4) full days/wk = \$290.00/month	Four (4) half days/wk = \$118.00/month
Three (3) full days/wk = \$214.00/month	Three (3) half days/wk = \$ 88.00/month

I have read the above and agree to all conditions of the contract.

\_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_

For the Board:

\_\_\_\_\_  
Name and Title

Date: \_\_\_\_\_