

## Family Information

Parent/Guardian (please print): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

## Student(s) Information

<b>Student's Name</b> <i>(Oldest To Youngest)</i>	<b>Grade in 26/27</b> <i>Indicate 3 or 5 day for Kindergarten or Wonder Garden student</i>	<b>Supply Fee Amount</b> <i>Must be paid in full</i>	<b>Tuition Amount</b> <i>If applying for Tuition Adjustment, sibling discount is not applied</i>
<b>Total:</b>		<b>\$</b>	

### 2026-2027 Supply Fee Schedule (Must be paid in full at time of registration)

3-day Wonder Garden and Kindergarten	\$340
5-day half day Wonder Garden and Kindergarten	\$400
5-day full day Wonder Garden and Kindergarten	\$450
Grades Classes 1-3	\$450
Grades classes 4-8	\$550

### 2026-2027 Tuition Schedule (if applying for tuition adjustment sibling discount is not applied)

<b>Program</b>	<b>Oldest Student</b>	<b>2nd Student 15%</b>	<b>3rd Student 20%</b>	<b>Each Additional Student 50%</b>
3- Day Wonder Garden and Kindergarten	\$9,587	\$8,149	\$7,670	\$4,794
5-Day half day Wonder Garden and Kindergarten	\$9,587	\$8,149	\$7,670	\$4,794
5- Day full day Wonder Garden and Kindergarten	\$12,704	\$10,798	\$10,163	\$6,352
Grades 1-8	\$14,348	\$12,196	\$11,478	\$7,174

## **I (we) understand and agree to the following:**

**Period of Enrollment:** I (we) understand and agree that the term of this Tuition Contract shall be for the entire school year, or, in the case of a student entering after the school year has begun, from the date of enrollment to the last day of the school year. Enrollment decisions are made annually, and enrollment is not guaranteed from year to year. Early Childhood enrollment does not guarantee first grade placement, and a space will be held in Kindergarten or Grade 1 according to our May 1 age requirement.

**Other Fees:** Parents are responsible for all overnight field trip costs, After Care, instrument rental and private lessons, student contribution for the Grade 8 field trip, sports fees and other extracurricular activities. There is a 4% credit card processing fee for all credit card transactions.

**Commitment for the Full School Year:** I (we) understand and agree that there is no reduction, refund, credit or other allowance made for snow days, absence, illness, missed classes due to tutoring or other programs, dismissal or withdrawal, except as provided through the Early Withdrawal Policy.

**Registration/Supply Fees:** I (we) understand that the application and yearly registration/supply fees are non-refundable and non-transferable, and due upon registration (re-enrollment) to hold a space for my (our) child(ren) for the school year. Students enrolling after January 1 will be billed 50% of the supply fee(s).

**Payments through FACTS:** I (we) understand that if we choose the monthly payment plan, I (we) must complete the **FACTS** Automatic Tuition Payment Agreement and make payments to **FACTS** (\$50 set-up fee applies) through automatic deduction from my (our) checking or savings.

**Divorced or Separated Parents:** PHWS requests and reviews copies of divorce decrees, child support agreements, or any other agreement between parents pertaining to the support and funding of a child's education. **By signing this contract, all parties accept full responsibility for ensuring payment of the entire tuition amount. Each parent must fill out their own contract if splitting the cost.**

**Tuition Adjustment Applicants:** I (we) understand that this Tuition Contract is contingent on a satisfactory agreement with the school regarding Tuition Adjustment, **provided I (we) file a timely and complete Tuition Support application**, in accordance with the procedures and re-enrollment deadline set forth in the Tuition Adjustment Application packet.

**Late Payment/ Returned Checks:** Families that miss an automatic tuition payment due to insufficient funds will be charged a \$30 missed payment fee by **FACTS** and may incur a similar fee from their bank. A \$40 fee will be assessed by PHWS for any returned check. Returned checks will not be redeposited.

**Past Due Balances:** I (we) understand that all past due tuition, fees and care program charges must be current for our child(ren) to attend classes. Any request for an exception must be made in writing to the Administrator. Any outstanding balance can be put on **FACTS** at the discretion of the school. For accounts in arrears exceeding the late payment policy guidelines, I(we) agree to pay 6% finance charges per month on outstanding balances as of **June 30, 2027** and all costs of collection of delinquent payments, including, without limitation, reasonable collection agency fees, attorney's fees and court costs. **Re-enrollment is contingent upon full satisfaction of any unpaid balances owed to the school, unless an alternative payment plan has been previously approved with written, signed agreement by the school and accepted by both parents.**

**Scholastic Records:** I (we) understand that Prairie Hill Waldorf School reserves the right to withhold any diploma, written reports, scholastic or other student information until all tuition and other fees due the school under the terms of this agreement are paid.

**Early Withdrawal Policy:** *I (we) understand that if I (we) withdraw our child(ren), in writing, and it is received by the Administrator prior to **June 1, 2026**, our financial obligation for the 2026-2027 tuition and fees will be limited to the non-refundable application and registration/supply fees. From **June 1, 2026 to August 31, 2026**, if I(we) choose to withdraw my (our) child(ren) prior to completing the full school year, I (we) will be obligated to pay **25%** of the remaining tuition for the school year, as prorated from the student's last day of attendance and based on the number of school days for the year. If the school year has not started I(we) will be responsible for **25% of the whole tuition**. From **September 1, 2026 until December 31, 2026**, if I(we) choose to withdraw my (our) child(ren) prior to completing the full school year, I (we) will be obligated to pay **50% of the remaining tuition for the school year**, as prorated from the student's last day of attendance and based on the number of school days for the year. After **January 1, 2027** if I(we) choose to withdraw my (our) child(ren) prior to completing the full school year, I (we) will be obligated to pay **100% of the remaining tuition** for the school year, as prorated from the student's last day of attendance and based on the number of school days for the year. I (we) also understand that Prairie Hill Waldorf School may place written conditions for a student's continuance at any time. Should such conditions be placed before or during the school year, I (we) can choose to withdraw my (our) child(ren) and the financial obligation will be limited to the prorated tuition from date of departure and the non-refundable fees.*

**Exclusion from School:** I (we) understand and agree that Prairie Hill Waldorf School shall have the right to exclude any student from attendance, temporarily or permanently, under any circumstances deemed at the sole and exclusive discretion of the School, to be interfering with the health, safety or educational development of the student or any other student(s), or whose progress or conduct is unsatisfactory, or are more than 90 days past due on payment of tuition or other fees owed to the school. The school further reserves the right to deny continued enrollment, or re-enrollment, to any student if the school reasonably concludes that the actions of a parent or guardian (including inappropriate verbal, written or email communications) are inconsistent or in nonsupport of the educational environment or counterproductive to a positive working relationship between the school and that student's parents or guardians.

**Tutoring, Consultation or Special Services:** I (we) agree that we are responsible for payment for any supplemental tutoring, external consultation or special services which Prairie Hill Waldorf School does not provide as part of its core curriculum, and which the school has recommended and deems necessary for the student to perform at grade level.

**Responsibility for Loss or Damage:** I (we) agree to be responsible, upon written request of the school, for the replacement cost of any supplies, materials or equipment which the student breaks or damages. I (we) recognize that the school is not responsible for damages to, or theft of personal property brought to or left on school grounds.

**Due with Contract:**

**Family Re-enrollment Fee**

\$200 if paid by February 12, 2026

\$400 on or after February 12, 2026

Check #: \_\_\_\_\_

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

**Supply Fee (See page 1 for Supply Fee Schedule)**

Check #: \_\_\_\_\_

**Choose Your Tuition Plan:**

Full Tuition Payment due on or before February 12, 2026 (3% Discount)

Monthly FACTS Payment

Requires FACTS Automatic Payment Agreement; completed agreement must be attached to this contract or completed online <https://online.factsmgt.com/signin/3ZMM2>

FACTS payment date:  5th day of the month *or*  20th day of the month

Tuition total \$ \_\_\_\_\_

Less 3% if paid in full \$ \_\_\_\_\_

Total Stated Tuition \$ \_\_\_\_\_

**Office Only- Tuition Adjustment**

Tuition total \$ \_\_\_\_\_

Less Tuition Adjustment -\$ (\_\_\_\_\_)

Total Stated Tuition due \$ \_\_\_\_\_

**Annual Appeal Pledge:**

I/We are happy to support PHWS with a pledge of \$ \_\_\_\_\_ **per month** to be paid according to my/our FACTS payment schedule *or* a **one-time payment** of \$ \_\_\_\_\_ to be made in the month of \_\_\_\_\_.

**Yes!** My employer \_\_\_\_\_ (name of company) will match my gift.

**AGREEMENT – \* Signatures of all parents/guardians financially responsible for student(s) are required. All parties signing this agreement are responsible for ensuring payment of the entire tuition amount. I have read, understand and agree to the terms and conditions of this contract as stated on page 2.**

\_\_\_\_\_  
Signature of Parent (Guardian)                      Date

\_\_\_\_\_  
Signature of PHWS representative

\_\_\_\_\_  
Signature of Parent (Guardian)                      Date

\_\_\_\_\_  
Signature of PHWS representative