



Daviness County Public Schools

Matt Robbins
Superintendent

Phone: (270) 852-7000

FEE BASED PRESCHOOL PROGRAM

Listed below are four payment options regarding our Fee Based Preschool Program. Please review the options below and select the one that best fits your needs.

All \$50.00 Fee Based Preschool Deposits Are Non-Refundable

OPTION #1:

\$175 PER MONTH FOR 10 MONTHS: During the period of July 1st – August 31st a deposit of \$175.00 is required. Regular monthly payments resume September 1st thru May 31st. Each payment is due on or before the 10th of each month with a net of 10 days. For your convenience, bills are mailed the 20th of each month.

OPTION #2:

\$850.00 PER SEMESTER – TWO SEMESTERS PER YEAR - Payable in advance the first payment must be received on or before August 10th and the second payment must be received on or before January 10th.

OPTION #3:

\$1700.00 FOR THE FULL YEAR – Payable on or before August 10th.

Option #4:

Online Payment Option: Please contact Donna Payne at (270) 852-7000 to set up your online payment account.

If a Family becomes two months behind in payments, the child will be dismissed from the program until the past due balance is paid in full, plus the next month's fee.

Children who turn five (5) years old on or before August 1, are not eligible to attend the KERA or Fee Based Preschool Program.

Please make checks payable to: DAVIESS COUNTY PUBLIC SCHOOLS. If you are mailing your payment, please send to the above address, to the attention of Donna Payne. Online Payment Information is also available from Mrs. Payne.

If you wish to make a payment at our office, please ask for Donna Payne, and she will gladly receive your payment and issue you a receipt.

Tax Statements for the Fee Based Preschool Program will be provided upon request after December 31st.

Please select one of the following options:

OPTION #1 ___ OPTION #2 ___ OPTION #3 ___ Online Payment Option ___

I have read and agree to the above terms of the Fee Based preschool Program:

Child's Name: _____ School Attending: _____

Parent Signature: _____ Date _____

Check #: _____ Amount: _____