



3106 E Carmel Drive
Carmel, IN 46033
317-846-6860 (office) 317-844-0984 (fax)

Application for 2-Year-Old Program 2019-2020
(Child must be 2 years old by Sept. 1, 2019)

Child's Name: _____ Preferred Name: _____

Date of Birth: _____ Home Phone: _____

Address: _____ City: _____ Zip: _____

E-mail address: _____

Parent/Guardian 1: _____ Cell: _____

Parent/Guardian 2: _____ Cell: _____

Please order your choices (1st & 2nd)

Two Day Options:

_____ Mon/Wed \$200/month

_____ Tues/Thurs \$200/month

Three Day Options:

_____ Mon/Wed/Fri \$250/month

_____ Tues/Thurs/Fri \$250/month

Classes are in session 9:00-1:00. Children will bring a lunch and eat at school.

*****St. Peter's Preschool is a peanut/tree nut free school*****

Please List Allergies or Medical Conditions we need to know about & Medications Required:

Financial & Enrollment Agreement

Please initial each section listed below, then sign and date at the bottom.

_____ REGISTRATION FEE: I agree to pay the \$100 non-refundable registration fee (per child), that accompanies this completed form. I understand that classes are subject to adequate enrollment.

_____ PROGRAMMING FEE of \$100 (per family) is due at the time of registration. This fee is non-refundable.

_____ PAYMENT OF TUITION: I agree to pay the monthly tuition by the first of every month. Tuition received after the 1st of the month will be assessed a \$15.00 late charge per child.

_____ LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$15.00 per month that tuition is not received. I understand that if my account is delinquent for more than one month, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ LATE PICK-UP: I understand that if I fail to pick up my child by the scheduled pickup time, I will be charged a late fee of \$10.00 after 3 late pick-ups.

_____ RETURNED CHECKS: I understand that a processing fee of \$40 will be charged to my account for all checks which are returned for any reason.

_____ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly. I will follow the procedures outlined in the Parent Handbook for bringing my child to school following an illness. I understand that tuition payments are not adjusted for sick/missed days.

_____ WITHDRAWAL FROM PROGRAM: I understand that I must provide a written notice prior to the 1st of the month of withdrawal from the program. If this notification is not provided, I agree to pay all tuition whether or not my child attends. I understand that when my child is withdrawn, he/she will only be eligible for re-admission based upon space availability.

_____ HOLIDAYS: I understand that the school is closed according to Carmel Clay School holiday calendar. I understand that tuition payments are not adjusted for holidays.

_____ INCLEMENT WEATHER: I understand that the school follows Carmel Clay School system when it comes to closing for inclement weather. A two-hour delay will result in the preschool beginning at 10:30 am and ending at 1:00pm. Tuition is not adjusted for missed or delayed days.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name (Printed): _____ Date: _____

Office Use:

Date Received: _____ Registration fee paid: \$ _____