

# Application for 2-Year-Old Program for 2021-2022

*Child must be 2 years old by September 1, 2021.*

Child's First & Last Name: \_\_\_\_\_

Check one:      Male      Female      Date of Birth: \_\_\_\_\_

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

E-mail address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_ Cell: \_\_\_\_\_

## Options

Use 1, 2, 3, and 4 to identify your preferences.

<b>Two Day Options</b>	<b>Three Day Options</b>
Mon/Wed \$205/month	Mon/Wed/Fri \$255/month
Tues/Thurs \$205/month	Tues/Thurs/Fri \$255/month

Classes are in session 9:00 am -1:00 pm. 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 as well as medications required:

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Please complete the next page.

## Financial & Enrollment Agreement

Please enter your initials for 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 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 my child attends or not. 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 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.
- \_\_\_\_\_ I give permission for photos to be taken of my child and published on Social Media without name.
- \_\_\_\_\_ Immunization records: I am aware that I need to provide a copy of current immunization for my child by the first day of school or my child will not be able to attend.

*By typing your name here, you are agreeing to this entire document.*

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

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### Office Use

Date Received: \_\_\_\_\_ Registration fee paid: \$ \_\_\_\_\_