

Application for Transitional Kindergarten Program for 2021-2022

Child must be 4 1/2 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 and 2 to identify your preference.

Three Day Option

Mon/Wed/Fri \$285/month

Four Day Option

Mon/Wed/Thurs/Fri \$330/month plus one time
\$25 Supply Fee

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:

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 I understand that when my child is withdrawn, he/she will only be eligible for re-admission based upon space availability.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: _____

Office Use

Date Received: _____ Registration fee paid: \$ _____