

2022-2023 Tuition

Child's First & Last Name _____

Your yearly tuition responsibilities are recorded in your Realm profile as "Preschool Tuition." The total is based on the rates below for 9 months.

To see your "Preschool Tuition" or make payments, log in to Realm, and click on "Giving" on the left-hand side of your screen. Your "Preschool Tuition" total for the year is on the right-hand side of the screen. To make a payment, click the blue "Give" button in the middle of the screen.



Tuition can be paid in full or in installments. However, we MUST receive your tuition payments no less than monthly.

Late fees of \$15/month will be assessed if monthly tuition is not recorded in Realm by the 5th of each month.

Payment Options: Please indicate your payment method choice:

_____ **Check:** Mail your check (no cash) to St. Peter's Preschool PO Box 4778, Carmel, IN 46082-3131. or send checks in your child's take-home folder by the first day of each month.

_____ **ACH Transfer (no fee):** Set up through your bank or through Realm.

_____ **Credit Card:** Set up a one-time or recurring payment through Realm.

Once payments have been made, they will be recorded in Realm. You will always have access to what you have paid and what you owe for your "Preschool Tuition". You can pull reports through Realm for tax purposes.

Our Tax ID is: 35-0975622

Tuition Rates

Note: Your total "Preschool Tuition" amount was determined using the following rates. If you have more than one child enrolled in our preschool, rates for each child were added together to determine your annual total.

TK/Pre-K Tuition Rates:

- 3 Day Program: \$295.00/month
- 4 Day Program: \$340.00/month

2's & 3's Tuition Rates:

- 2 Day Program: \$215.00/month
- 3 Day Program: \$265.00/month

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

Parent/Guardian Signature: _____ Date: _____



Registration Form 2022-2023

St. Peter's Preschool
 3106 E Carmel Dr
 Carmel, IN 46033
 317-846-6860 (office) 317-844-0984 (fax)



Child's Last Name _____ First Name _____

Check one: Male Female Date of Birth: _____

Address: _____ City: _____ Zip: _____

E-mail address: _____

Parent/Guardian 1: _____ Cell: _____

Parent/Guardian 2: _____ Cell: _____

Please order your choices (1st and 2nd)

2's Classes	3's Classes	Pre-k Classes (4's)	Transitional Kindergarten Classes (4 ½)
\$215-2 days	\$215-2 days	\$295-3 days	\$295-3 days
M/W _____	M/W _____	M/W/F _____	M/W/F _____
T/TH _____	T/TH _____		
\$265-3 days	\$265-3 days	\$340-4 days	\$340-4 days
M/W/F _____	M/W/F _____	M/T/W/F _____	M/T/W/F _____
T/TH/F _____	M/W/TH _____	M/W/TH/F _____	M/W/TH/F _____
	T/TH/F _____		

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



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.
- _____ FACEBOOK: I give permission for photos to be taken of my child and published on social media without name.
- _____ IMMUNICATION RECORDS: I am aware that I need to provide a copy of current immunizations 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: _____ Check # _____ Realm: _____ Registration fee paid: \$ _____



Background Information



Child's First & Last Name _____

1. Is this your child's first experience at Preschool? Yes _____ No _____
2. What is the primary language spoken at home? _____
3. Is your child in any type of developmental program? (Example: Speech, Occupational, Physical Therapy) Yes _____ No _____ If yes, please explain:

4. Is your child potty trained? Yes _____ No _____ Describe Assistance Needed and Words Used if potty-trained: _____

5. List siblings and ages: _____

6. What are your child's favorite activities?

7. How would you describe your child? (Check ones that apply)

<input type="checkbox"/>	Happy	<input type="checkbox"/>	Good-natured	<input type="checkbox"/>	Shy	<input type="checkbox"/>	Clumsy	<input type="checkbox"/>	Even-tempered
<input type="checkbox"/>	Aggressive	<input type="checkbox"/>	Friendly	<input type="checkbox"/>	Moody	<input type="checkbox"/>	Quiet	<input type="checkbox"/>	Attentive
<input type="checkbox"/>	Dependent	<input type="checkbox"/>	Stubborn	<input type="checkbox"/>	Impulsive	<input type="checkbox"/>	Fearful	<input type="checkbox"/>	Sympathetic

Other _____

7. What do you hope will be included in your child's preschool program?

9. Is there anything else we should know about your child to make this the best year possible?

10. May we share your contact information in the school directory? Yes _____ No _____

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

Parent/Guardian Signature: _____ Date: _____



Food Allergies/Health Concerns 2022-2023

Child's Name _____



Does your child have a food allergy or other health concerns, which we need to be aware of?

No: _____ (No other information is need on the next 2 pages, please sign and date below)

Parent/Guardian Signature _____ Date _____

----- **If No Allergies, Sign Above and skip following pages** -----

YES _____ (Describe in detail and answer the following questions.)

1. What food allergy or health concern does your child have?

2. What does a reaction look like for your child if they have one?

3. If your child has a food allergy, do they require an EpiPen? **NO** _____ **YES** _____

Please fill out the following form if your child may require an EpiPen or Benadryl during a reaction.

The following items are on our schools' approved snack list. Please sign below to indicate that this is a safe list for your child or make notes about the items that need to be substituted.

Approved Snack List

- | | |
|---|--------------------------------------|
| *Cheerios Cereal (regular or multigrain) | *Veggie Straws |
| *Pepperidge Farms Goldfish | *Rold Gold or Snyder Pretzels |
| *Honey Maid Graham Crackers (Cinnamon, Honey, Chocolate) | *Club Crackers or Townhouse Crackers |
| *Teddy Grahams (Cinnamon, Honey, Chocolate, and Chocolate Chip) | *Cheez-It's |
| *Pirate's Booty | *Nilla Wafers |
| | * Fruit |

Birthday Party Snacks

- *Oreos *Rice Krispy Treats (in package) *Loft House Cookies



Specify any snacks that need to be substituted:

Signature Parent/Guardian: _____ Date: _____

EpiPen/Benadryl Form 2022-2023

I/We give permission to the staff for St. Peter's Preschool to administer an EpiPen or premeasured Benadryl to (child's name) _____ due to an allergic reaction to _____.

I/We will provide a doctor-prescribed EpiPen with prescription label attached and/or Benadryl to be kept in (child's name) _____ classroom emergency backpack.

Symptom and Plan of Action

List the steps that need to be taken if your child has a reaction (Ex. 1. Rash-Give Benadryl 2. Difficulty breathing give EpiPen. 911 is always called when an EpiPen is given.

Symptom and Plan of Action

1. _____
2. _____
3. _____

Before your child's first day of school, we **MUST** have the following:

- A doctor's signed care plan/plan of action form. (Can be found on our website)
- All medication (EpiPen, Benadryl)
- Safe backup snack labeled with child's name.

This permission covers the August 2022 through May 2023 school year.

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

Signature _____ Date _____



Driver/Emergency Release

Child's Name _____

List everyone who will be allowed to pick up your child. **Include yourself, spouse, grandparents, friends, and so on.**



Identification will be required from any person on the list the first time they pick up as well as in last-minute situations.

Name _____ Cell _____ Relationship _____

Name _____ Cell _____ Relationship _____

Name _____ Cell _____ Relationship _____

Name _____ Cell _____ Relationship _____

Name _____ Cell _____ Relationship _____

Name _____ Cell _____ Relationship _____

List anyone NOT able to pick up: Note any special circumstances here. (i.e., non-custodial parent, etc.)

1. _____

2. _____

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

Signature _____ Date _____

