Date Received:

Office Initial:

## **Student Information:**

| Last Name                            | First Name   | Middle                    |  |  |  |  |
|--------------------------------------|--|---------------------------|--|--|--|--|
| Fath on (Counties) Name              | Nath or (Coord)  | n) Mana                   |  |  |  |  |
| Father (Guardian) Name               | Mother (Guardia  | Mother (Guardian) Name    |  |  |  |  |
| Contact Information:                 |  |                           |  |  |  |  |
|                                      |  |                           |  |  |  |  |
| Mailing Address                      | City   | Zip Code                  |  |  |  |  |
|                                      |  |                           |  |  |  |  |
| Primary Phone                        | Primary Email  |                           |  |  |  |  |
| Please Initial for: Paperless Billin | ng: I acknowledge Tuition Statemen                         | ts will be emailed to the |  |  |  |  |
|                                      | Primary address listed a                                   | bove                      |  |  |  |  |
| PayPal Billing:                      | I prefer to make payments through PayPal (Additional 2.25% |                           |  |  |  |  |
|                                      | Processing fee charged                                     | oy PayPal)                |  |  |  |  |

## Registering for 2020–2021

Please check the box below to indicate which class you are registering for AND your preferred payment plan

| CLASS                                   | HALF DAY  | 1 | EXTENDED DAY | 1 | PAY YEAR IN<br>FULL<br>(SEPT) | PAY BY<br>SEMESTER<br>(SEPT & JAN) | PAY BY MONTH<br>(SEPT – MAY) |
|---|-----------|---|--------------|---|-------------------------------|------------------------------------|------------------------------|
| 3-DAY TWO'S                             | \$2700.00 |   | \$3375.00    |   |                               |                                    |                              |
| 3-DAY THREE'S                           | \$2250.00 |   | \$2925.00    |   |                               |                                    |                              |
| 5-DAY THREE'S                           | \$4200.00 |   | \$5325.00    |   |                               |                                    |                              |
| 3-DAY FOUR'S                            | \$2520.00 |   | \$3195.00    |   |                               |                                    |                              |
| 5-DAY FOUR'S                            | \$4200.00 |   | \$5325.00    |   |                               |                                    |                              |
| JR KINDER<br>(TUESDAY SCIENCE)          | \$4350.00 |   | \$5250.00    |   |                               |                                    |                              |
| KINDERGARTEN<br>(TUES-THURS<br>SCIENCE) | \$4500.00 |   | \$5175.00    |   |                               |                                    |                              |

| SCIENCE)   |                    |                         |                       |                       |                    |           |  |
|--|--------------------|-------------------------|-----------------------|-----------------------|--------------------|-----------|--|
| PERMANE  | NT EXTENDED DAY (F | lalf day tuition studen | ts may check below to | stay selected days fo | or extended care @ | \$12/day) |  |
| MONDAY   | TUESDAY            | WEDNESDAY               | THURSDAY              | FRIDA`                | Y                  |           |  |
| Permanent spots are charged whether or not the child stays on their selected days and varies from month to month based on how many selected days there are each month. Additional services may be added on an "as needed"/emergency drop in basis at a higher fee subject to availability. Extended day drop in fee is \$15 per day. |                    |                         |                       |                       |                    |           |  |
|  |                    |                         |                       |                       |                    |           |  |

Parent Signature Date