



## RE-REGISTRATION PACKET

**2024-2025**

Please complete the following forms and return them to our office to begin the enrollment process. All sections must be completed. If you have any questions as you fill out the packet, please contact us.

### Checklist

- Tuition Contract and Payment Method
- Enrollment, Deposit and Annual Activity Fees
- Medical and Emergency Information
- School Health Forms from your Pediatrician (Medical and Immunization)
- Vpk Voucher if applicable (for students age 4 by September 1<sup>st</sup> 2024)
- FES-UA scholarship if applicable (for students age 3 and up)

# Tuition Contract

## 2024-2025

Child's Name: \_\_\_\_\_

**Annual Registration Fee**..... \$250, due upon enrollment

**Annual Activity Fee**.....\$150, due upon enrollment

**Deposit**.....\$200, due upon enrollment, applied towards your last tuition payment.

**Tuition Fee** ....Payments Due on the 1<sup>st</sup> of every month, beginning on August 1<sup>st</sup>, and ending on May 1<sup>st</sup>.

**Security fee**.....\$100 monthly, beginning on August 1<sup>st</sup>

Our Program offers classes for ages 6 Weeks to 5 year olds

Program	Tuition		10 Monthly Payment	
	Ages 6w-2years	Ages 2-5 years	6w-2years	2-5years
5 Full Days (9:00am-3:00pm)	\$11,000	\$10,600 (\$8,300 with vpk voucher)	\$1,100	\$1,060
5 Half Days (9:00am-12:30pm)	\$9,100 (9-12pm)	\$8,800	\$910	\$880

### Extended Day

<input type="checkbox"/>	8:00 am – 9:00 am (Mon-Fri)	\$150 a month (or \$3 per 15 minutes)
<input type="checkbox"/>	3:00pm - 4:00 pm (Mon-Thurs)	\$150 a month (or \$3 per 15 minutes)
<input type="checkbox"/>	3:00 pm – 5:00 pm (Mon-Thurs)	\$250 a month (or \$3 per 15 minutes) <small>(pick up after 5:00pm Mon-Thur or after 3:00pm Fridays will be charged \$1 per minute late)</small>

The non-refundable registration fee and deposit holds a place until August 1, 2024. Unless the school receives written notice of withdrawal of the contract by this date, the family will be held responsible for tuition payments. Tuition payment is non-refundable.

Students are entered into the Chai Center Preschool under an enrollment **contract** for the entire school year. Voluntary early withdrawal has to be submitted in writing prior to the first of the month, and 30% of the remaining tuition payment is due.

Anyone wishing to apply for financial assistance must submit an application by April 29<sup>th</sup> 2024. All inquiries and applications are kept in strictest confidence. Those applying for financial assistance must pay the fees in full.

### Payments:

*Tuition* - Payments are processed on August 1, 2024 through May 1, 2025

Postdated Checks (enclose all checks)

Visa     Master Card     Amex    CC# \_\_\_\_\_

Exp. \_\_\_\_\_ / \_\_\_\_\_    CVV: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_    Date: \_\_\_\_\_

(Please note.. Payments made with credit card will be charged an extra 2%)

# Medical and Emergency Information

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

## A- Emergency Alternate Contacts

In case of emergency, when neither parent can be reached, please list two contacts who will take responsibility for your child.

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (     ) \_\_\_\_\_ (     ) \_\_\_\_\_

## B- Doctor's Information

If parents cannot be reached and emergency medical advice is needed, permission is given to the preschool staff to phone my child's doctor:

Family Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_

Doctor's Office Phone \_\_\_\_\_

Allergies or Medical Problems \_\_\_\_\_

Are there any conditions or behaviors that require special attention, medication or a special diet?

\_\_\_\_\_

## C- Emergency Care Authorization

In case of medical emergency requiring immediate emergency care, I give consent to transport my child by ambulance to the nearest hospital and administer the appropriate care.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Company Covering Child: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_