



PRE-SCHOOL REGISTRATION CONTRACT

Please complete and sign front and back of form

Student Last Name

Student First Name

Date of Birth

Street Address, City, State, Zip

Mother's Name

Father's Name

Mother's Cell Phone

Father's Cell Phone

Home Phone

Mother's Email Address

Father's Email Address

School District

Catholic Yes/No (If Yes, Parish Name)

Allergies/Medical Conditions: _____ Epi Pen: Yes No
(Additional forms signed by a licensed medical provider, will need to be submitted to the Main Office)

Referred By: _____

Preschool Hours 9:30AM-12:30PM PLEASE CIRCLE ONE OPTION ONLY

(If choosing Four Day option, please circle days needed)

(A) PreK3 M/W/F (B) PreK3 Four Days M TU W TH F (C) PreK3 MON-FRI (5 Days)

(D) PreK4 MON-FRI (E) PreK 4 Four Days M TU W TH F

Extended Daycare Services Needed (Beyond the Preschool hours): **YES** **NO**

If YES, please circle all that apply and complete Extended Care Services Form

AM CARE
7:30AM - 9:30AM

LUNCH BUNCH
12:30PM - 2:30 PM (2 HOUR OPTION ONLY)

PM CARE
2:30PM - 5:30PM

First Tuition Payment Is Due August 1, 2024.

\$100 Non Refundable Registration Fee due at time of enrollment.

Parent/Guardian Signature

Date

PRE-SCHOOL REGISTRATION CONTRACT

Page 2

Please read and initial each registration requirement below. Sign and date at the bottom.

_____ Tuition payments are due on the first of each month beginning August 1 and ending May 1.

_____ There will be a **\$40 late fee** for any late tuition payment beyond 30 days.

_____ A written 30 day notice, along with a \$100 fee is required if you are going to withdraw your child from the program for any reason. **There is NO refund of any tuition paid.**

_____ There will be NO refund of tuition payments up to 5 days for non-weather related emergency closures.

_____ NYS OCFS does not require ECLC to make up or reimburse for days or hours of care lost for weather related closures or delays.

_____ Any late pickup 15 minutes to under one hour past your child's scheduled pickup time without prior notice, will incur a \$15 fee to your next tuition payment, in addition to the hourly Drop In Rate for student care time.

_____ Any late pickup past one hour from your child's scheduled pickup time without notice will incur a \$30 fee to your next tuition payment in addition to the hourly Drop In Rate for student care time.

_____ There will be a \$30 service fee for any changes in schedule/tuition rates after September 15th.

_____ Students must be fully toilet trained to enter the program. The Toileting Agreement attached has been read and signed.

I have read and agreed to all of the above registration requirements:

Parent/Guardian Signature

Date

Office Use Only:

ANNUAL TUITION AMOUNT: _____ CASH/WS/CK# _____ Date: _____ Received By: _____

Monthly Payment Amount: _____ (10 payments beginning 8/1 and ending on 5/1)