



Faith Preschool & Kindergarten Tuition and Fees 2021-2022

There is a registration fee of \$150 (non-refundable) for all classes except the vpk class registration fee is \$75. Registration fees are due at the time of registration.

A one-time supply fee equal to one month tuition is due on April 1st. Tuition and Extended Day payments are due July 1st through April 1st. A late fee will be assessed if payments are received after the 10th day of each month.

A suggested list of supplies needed for the vpk class will be sent over the summer. The state funded vpk pays for 540 hours. There is a wrap-around rate of \$1,000 to cover the additional hours that the state does not pay for.

Thank you for selecting a tuition registration option. The registration option you choose is for the entire school year.

<u>Morning Program only 8:45 to 12:15</u>	
<u>2021-22 Monthly</u>	
8:45-12:15 (2 days a week)	\$285
8:45-12:15 (3 days a week)	\$335
8:45-12:15 (5 days a week)	\$440
8:45-12:15 (5days a week) VPK	\$100
8:45-12:15 (5 days a week kindergarten)	\$460

<u>Extended Day Rates for Lunch Bunch Ages 2-5</u>	
<u>2021-22 monthly</u>	
12:15-2:00 (3 days a week)	\$125
12:15-2:00 (5 days a week)	\$200
Early Morning 8:00-8:45 (5 days a week)	\$65

<u>Extended Day Rates for Lunch Bunch & Stay n Play Ages 2 - 5</u>	
<u>2021-22 monthly</u>	
12:15-4:00 (3 days a week)	\$230
12:15-5:30 (3 days a week)	\$335
12:15-4:00 (5 days a week)	\$335
12:15-5:30 (5 days a week)	\$440



Faith Preschool & Kindergarten Registration Form August: 2021-2022

Child's name _____ Birthdate _____ Sex F M (circle one)
Address _____ State _____ Zip Code _____

Parent's Name _____

Church Affiliation _____ Parent's Preferred e mail address: _____

Parent cell Phone # _____ Parent cell phone # _____ I
understand that all fees are non-refundable, and that all enrollment information will remain confidential in accordance
with the school confidentiality policy. _____

Thank you for selecting a tuition registration option. The registration option you choose is for the entire school year.
Registering for 2S _____, 3S _____, 4S _____ Or Kindergarten _____

Morning Educational Program only

- _____ 8:45-12:15 (2 days a week) \$285 per month
- _____ 8:45-12:15 (3 days a week) \$335 per month
- _____ 8:45-12:15 (5 days a week) \$440 per month
- _____ 8:45-12:15 (5days a week) \$100 per month (Wrap around rate for the state funded VPK Class)
- _____ 8:45-12:15 (5 days a week) \$460 per month (Kindergarten Class)

After School Program

Extended Day Rates for Lunch Bunch

- _____ 12:15-2:00 (3 days a week) \$125 per month
- _____ 12:15-2:00 (5 days a week) \$200 per month

Early Morning

- _____ Five days/week \$65 per month
- _____ Three set days/week \$40 per month

Extended Day Rates for Lunch Bunch & Stay n Play

- _____ 12:15-4:00 (3 days a week) \$ 230 per month _____ 12:15-5:30 (3 days a week) \$335 per month
- _____ 12:15-4:00 (5 days a week) \$ 335 per month _____ 12:15-5:30 (5 days a week) \$440 per month

Early Morning 8:00-8:45

- _____ Five days/week \$65 per month
- _____ Three set days/week \$40 per month

FAITH PRESBYTERIAN PRESCHOOL & KINDERGARTEN
CHILD'S ENROLLMENT RECORD – INFORMATION SHEET

Child's Name _____ Registration date _____
Preferred Name _____ Sex _____ Birthdate _____
Child's Home Address _____ Home Ph.# _____
City _____ State _____ Zip _____ Mobile Ph. # _____
Child's Physician's Name _____ Phone# _____
Has your child attended preschool before? _____ If so, where? _____
Are you a Faith Preschool Alumni? _____ Faith Presbyterian Church Member? _____
In an emergency, do we have permission to call a local hospital? Yes/No (Circle one) TMH/ CRMC (Circle one)
Medical Insurance Carrier & Group# _____
List any known allergies your child has: _____
Preferred Primary E mail address _____

Parent's Information

Parents Are:

Check one: ___ Guardian ___ Married ___ Divorced ___ Legal Custody

Parent
Name _____ Parent Name _____
Age _____ Business Ph. # _____ Age _____ Business Ph. # _____
Occupation _____ Occupation _____
Church _____ Member _____ Church _____ Member _____
Hobbies/Interest _____ Hobbies/Interests _____
Child's Brothers and/or sisters (please indicate ages)

Please list at least two people (who are authorized to pick up your child from school) that we should call in case of an emergency, if parents are not available:

Name _____ Phone # _____
Name _____ Phone # _____

Please list any person/s authorized to have access to your child's health information: _____

Please list any person/s not authorized to pick up your child from school: _____