

PRE-PRIMARY PROGRAM AGREEMENT

CHILD'S NAME: _____

Please check appropriate program

							10 PAYMENTS OF TUITION (IN DOLLARS):
	□ 5 FULL DAYS						1600
	□ 5 HALF DAYS*						1425
	□ 3 FULL DAYS	ΠM	DT	$\Box W$	ΠTΗ	ΠF	1400
	□ 3 HALF DAYS*	ΠM		$\Box W$	ΠTΗ	ΠF	1225
	□ 2 FULL DAYS						1300
	□ 2 HALF DAYS**						1125
* Half Day ** Enrollment is contir	8:45AM - 11:45AM ngent upon availablility						
Lunch Option	11:45AM - 1:00PM (Ad	ditional S	\$20 a day	r)			
Full Day	8:45AM - 3:15PM						
SUPPLIES / MATERIALS EXTENDED HOURS PROGRAM - AVAILABLE FROM 7AM UNTIL 6PM						250	
		ED HOUR	S ONLY (7:00-8:45/	AM)		350
	□ MORNING EXTENDED HOURS ONLY (7:00–8:45AM) □ AFTERNOON EXTENDED HOURS (3:15–6:00PM)						400
	□ BOTH SESSIONS						700
Extended hours are available at \$25 per hour if you do not select a plan First hour is not prorated							
After the first hour, time will be prorated by the half hour Arrivals after 6:00pm will be charged \$30 for the first 15 minutes and one dollar for every minute thereafter.					reafter.		

REGISTRATION

A \$150 registration fee, materials/supply fee along with the first installment of the tuition are due with your application. The \$150 registration fee is non-refundable. Please make checks payable to "Trevose Day School".

TUITION

Tuition is an annual non-refundable fee that must be paid regardless of whether your child completes the school year (whether in-person or by remote means). Tuition may be paid in full at the time of application, or, alternatively, in 10 equal installments (the "Installment Plan"). The Installment Plan is offered solely for the convenience of parents/guardians. Your first payment is due with your application before the beginning of school. Each subsequent installment payment is due on the first of each month, with the second payment being due on September 1 and the last payment being due on May 1. A \$75 late charge will be assessed for late payments or for returned checks. If a check is returned for insufficient funds, all future payments must be made with a certified check or cash.

No adjustments will be made to the tuition for any reason whatsoever, including days missed due to weather, illness, vacations or shortened months or when the School is mandated to operate on a remote basis, or elects to do so for safety or health reasons.

WITHDRAWAL

A parent wishing to withdraw their child before the school year begins must notify the school in writing at least two (2) months prior to the first day of school. Any parents withdrawing their child before the end of the school year are not entitled to a tuition refund and, if paying under the Installment Plan, are responsible for all remaining tuition payments.

Must be included with registration:	□ First Tuition Installment	□ Supply Fee	□ \$150 Registration Fee

CHILD'S NAME

PARENT/GUARDIAN SIGNATURE

DATE

NESHAMINY MONTESSORI AGREEMENT

CHILD'S NAME: ____

Services to be provided as part of the tuition: education and care

Child's arrival time: _____ Child's departure time: _____

Person(s) designated by parent to whom child may be released:

I, the parent/guardian;

□ received complete written program information at the time of enrollment. (§ 3270.121, 3280.121, 3290.121)

□ agree to update the emergency contact/parental consent form information whenever changes occur or every 6 months at a minimum. (§ 3270.124, 3280.124, 3290.124)

		SIGNATURE-DIRECTOR
SIGNATURE-PARENT OR GUARDIAN	DATE	-
DATE OF CHILD'S ADMISSION		
DATE OF WITHDRAWAL		
PERIODIC REVIEW		
SIGNATURE-PARENT OR GARDIAN (to be signed 6 months after enrollment)	DATE	

DATE

APPLICATION FOR ADMISSION PAGE 1 TODAY'S DATE:

Student's Full Name	FIRST	LAST		CHILD GOES BY		
Student's Address						
	STREET			HOME PHONE		
	CITY		STATE	ZIP CODE		
	GENDER			BIRTH DATE		
Mother/Guardian	FIRST	LAST		E-MAIL		
	OCCUPATION	BUSINESS PHONE		OTHER CELL/PAGER		
Father/Guardian	FIRST	LAST		E-MAIL		
	OCCUPATION	BUSINESS PHONE		OTHER CELL/PAGER		
Parental Status	□ Married □ Se	parated 🗌 Divorced	□ Single □ W	idowed 🗆 Other		
	If separated or divorced (since when)					
Siblings	 NAME	AGE	GRADE	SCHOOL		
		AGE	GRADE	SCHOOL		
	NAME	AGE	GRADE	SCHOOL		
	NAME	AGE	GRADE	SCHOOL		
Other persons in hom	le					
	NAME		AGE	RELATIONSHIP		
	NAME		AGE	RELATIONSHIP		
	NAME		AGE	RELATIONSHIP		
Person to notify in an	emergency					
	NAME		RELATIONSHIP			
	ADDRESS					
	HOME PHONE		BUSINESS PHONE	OTHER CELL/PAGER		

APPLICATION FOR ADMISSION PAGE 2 CHILD'S NAME: ____

School(s) previously a	attended	
	SCHOOL NAME	PHONE NUMBER
	SCHOOL NAME	PHONE NUMBER
ls a second language	e spoken at home?	
	If yes, which language	
Extended day applica	ation (7am – 9am/3:30pm – 6pm)	
	My child will arrive at school by	
	My child will depart from school by	
—		
Transportation	District Bus School District Name	
	Self	
In the space below p	lease supply any additional comments you feel would help us in unde	erstanding your child.
