

Application for Enrollment 2024-2025

| Student Inform | | Data | of Dista | |
|--------------------------------|----------------------------------------------------------|---------------------------------------------|---------------------------------|-----------------------------------|
| Name: Address: | | | | |
| | Family Emai | | | |
| | | | | |
| | have any special needs, le Epipens require additional | - | _ | should be aware |
| OI! Flease note. I | | paperwork. It so p | nease explain. | |
| Parent/Guardia | an Information | | | |
| - | | Cell Phone: | | |
| | | Employer: | | |
| | | Work Phone: | | |
| 2. Name: | | Cell Phone: | | |
| | | Employer: | | |
| | | Work Phone: | | |
| Student resides w | vith:Both Parents | Mother | Father | Other |
| | | Please Note: a court order must be provided | | |
| for denial of acces | ss by a non-custodial paren | t. | | |
| | | | | |
| Authorized Picl | - | orized to pick up my | child Dhata ID is | required |
| | nergency, the following are auth | | | |
| 1. Name:Relationship to child: | | | | |
| | I Phone:Home Phone: | | | |
| | lame:Relationship to child: | | | |
| | | | | |
| | Relationship to child: | | | |
| Cell Phone: | | Home Phone: | | |
| Payment 1(deposit) | June 25 th 2024 | Tuition | navments are du | e on the 25 th of each |
| Payment 2 | August 25 th 2024 | month | | |
| Payment 3 | September 25 th 2024 | | | ged if payments are |
| Payment 4 | October 25 th 2024 | l l not rec | eived by the 1 st of | f the following mon |

November 25th 2024

December 25th 2024

January 25th 2025

March 25th 2025

April 25th 2025

February 25th 2025

Payment 5

Payment 6

Payment 7

Payment 8

Payment 9 Payment 10

- \$25 Fee for returned checks.
- Regular lunch Bunch is already discounted, discounts not given for illness or vacation.

Tuition and Fees:

Nursery

Students must be 2 ½ by start date. Lunch Bunch is available a la carte for \$12 per day or a discounted monthly rate.

Please check Program choice

- _____5 day A.M. 8:30-12:00, \$5990 which may be divided into 10 monthly payments of \$599, Snack fee \$100 biannually _____ optional Lunch Bunch 12:00-1:00, Monthly \$170
- _____3 day A.M. M-W-F, 8:30-12:00, \$3990, which may be divided into 10 monthly payments of \$399, Snack fee \$90 biannually, _____optional Lunch Bunch 12:00-1:00, Monthly \$100
- _____3 day P.M M-W-F 12:45-315, \$3450, which may be divided into 10 monthly payments of \$345, Snack fee \$90 biannually, _____ optional Lunch Bunch 12:00-1:00, Monthly \$100
- **2 day A.M. T/Th**, 8:30-12:00, \$2990, which may be divided into 10 monthly payments of \$299, Snack fee \$80 biannually, _____optional Lunch Bunch 12:00-1:00, Monthly \$70

Pre-K

Students must be 4 by October 1, 2024.

| Please check Program choice |
|---------------------------------------------------------------------------------------------------------------------|
| 5 day A.M 8:30-1:00-\$7650 which may be divided into 10 monthly payments of \$765 |
| Snack fee \$100 biannually |
| 3 day A.M. M-W-F, 8:30-1:00-\$4990, which may be divided into 10 monthly payments of \$499 |
| Snack fee \$90 biannually |
| 3 day P.M. M-W-F, 12:45-3:15-\$3450, which may be divided into 10 monthly payments of \$345 |
| Snack fee \$90 biannually, NO Lunch Bunch available |
| 3 FULL Days M-W-F, 8:30-3:15, \$7500, which may be divided into 10 monthly payments of \$750 |
| Snack fee \$110 biannually |
| 2 day A.M. T/Th, 8:30-1:00, \$3690, which may be divide into 10 monthly payments of \$369 |
| Snack fee \$80 biannually |
| Full Timer, MWF Full Days plus T/Th A.M . \$10,790, which may be divided into 10 monthly payments of \$1079; |
| Snack fee \$130 biannually |
| |

| Please | initial |
|--------|--------------------------------------------------------------------------------------------------------------------------|
| | Registration fee of \$100 is non- refundable/non-transferable. |
| | Deposit of 10% is due June 25 th 2024 or risk forfeiture of space in class |
| | (non-refundable, non-transferable) to secure your space. |
| | Any changes/withdrawals must be requested in writing 2 weeks prior. |
| | Please note that there are no credits or adjustments made for illness, absences due to vacation, holidays, delayed |
| | openings or cancellations due to unforeseen weather conditions or circumstances beyond our control including quarantine. |
| | I authorize my child to be photographed for Point Beach Prep Preschool promotional purposes including |
| | website/and or social media pages. |
| | I give Point Beach Prep permission to administer or secure emergency medical treatment for my child. |
| | |

| Do you want to be included on your class's playdate list? | | |
|-----------------------------------------------------------|--------------------------------------------------------------------------|--|
| Name: | phone: | |
| Applications are considered for educios | ion without regard to say race, religion, othnic origin, or disabilities | |

Applications are considered for admission without regard to sex, race, religion, ethnic origin, or disabilities. Point Beach Prep Preschool reserves the right to cancel any class where minimum enrollment is not met.

Parent/Guardian Signature: _____

Date: