



## 3- 5 year old Preschool Tuition Agreement 2019-20

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Parent's address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
 Print Email: \_\_\_\_\_ Campus: SMA / JP2 / OLP

I understand there is a non-refundable preschool registration fee\*\* of \$100.00 per new family, which must be submitted with this form and a completed registration form. If also enrolling a K-8 student and preschooler, family will pay the \$200 family registration fee. I agree to pay the monthly tuition in the amount designated for the number of days and extended days I have selected, upon admission into the program. \*\*Early registration prior to March 1 is \$75.00 per family.

Your child can attend 2 – 5 days per week if 3 years of age and 3-5 days if in a Prek classroom with our flexible scheduling program. Occasional extended afternoons can be scheduled if available until 3:00 p.m. for \$20.00.

	(7:15) 8:00–11:45am	(7:15) 8:00–3:00pm	AFTERCARE TILL 6:00 PM
2 days	\$165 monthly	\$315 monthly	\$5.00 per hour will billed separately
3 days	\$215	\$435	
4 days	\$260	\$550	
5 days	\$305	\$670	

Tuition is figured for the year (9.5 months x monthly rate) and divided over 10 equal payments from July –April. Tuition will be collected through an outside company: SMART tuition. A yearly fee is charged to families from SMART for using program. Families should enroll in SMART tuition prior to June 1, Holy Cross Academy school code: 11686. Families can pay the total tuition prior to June 30 for a 2% discount. Contact the business manager for yearly total. Aftercare is billed separately and won't be included on SMART. HCA may use an outside service to collect unpaid tuition.

**DAYS REQUESTED:** Please indicate which days, extended day and aftercare will be needed with an ( X ). Early arrival time from 7:15 until 8:00 a.m. at no additional fee. All preschoolers should arrive by 8:00 a.m. Lunch can be purchased for an additional fee.

	EXTENDED DAY	AFTERCARE	APPROXIMATE PICK-UP
Monday	____ (7:15) 8:00–11:45am	____ (7:15) 8:00-3:00pm	____ 3:00–6:00pm _____ pm
Tuesday	____ (7:15) 8:00–11:45am	____ (7:15) 8:00-3:00pm	____ 3:00–6:00pm _____ pm
Wednesday	____ (7:15) 8:00–11:45am	____ (7:15) 8:00-3:00pm	____ 3:00–6:00pm _____ pm
Thursday	____ (7:15) 8:00–11:45am	____ (7:15) 8:00-3:00pm	____ 3:00–6:00pm _____ pm
Friday	____ (7:15) 8:00–11:45am	____ (7:15) 8:00-3:00pm	____ 3:00–6:00pm _____ pm

- \_\_\_\_ The days and hours I have requested are flexible, but are my first choice.
- \_\_\_\_ The days and hours I have requested aren't flexible because of my current work schedule.
- \_\_\_\_ I am willing to attend another campus, if my first campus location is full.

You will be notified if the days and hours requested are available, or if your family is on a waiting list.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Form must be submitted with the Preschool Program Enrollment Form

<b>FOR OFFICE USE</b>	
____ Date Received	Check Number: _____
____ Registration Fee Amount Paid	Name on Check: _____
____ HCA family with K-8 student	