



# 2024-2025 REGISTRATION CHECKLIST

This page needs to accompany your attached forms to complete your registration. Please go over this form before you turn your paperwork in.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

## 1 REGISTRATION INFORMATION

*Summer Session is only for those enrolling in the 2024-2025 School Year or Graduates of PreK-4.*

- ⇒ I am registering for the 2024 Summer Session June 3, 2024-August 2, 2024  YES  NO Summer Session is ONLY for those enrolling in the 2024-2025 School Year or Graduates of PreK-4 at CWM.
- ⇒ I am registering for the 2024-2025 School Year. August 12, 2024-May 22, 2025  YES  NO If yes, please complete all Enrollment Paperwork.

## 2 COMPLETE ENROLLMENT PAPERWORK

-All paperwork must be completed in order to secure your child's spot.

- Enrollment Form
- Authorization for Emergency Medical Treatment
- Food Allergy Plan (If Child has Allergy)
- Financial Agreement (**ONE PER FAMILY**)
- Parent Acknowledgement & Release
- Well Statement-Signed by Pediatrician
- Hearing & Vision-4 year olds
- Current Shot Records

## 3 EMAIL PAPERWORK & WAIT FOR CONFIRMATION

- Email all Enrollment Paperwork to [karmour@humblemethodist.com](mailto:karmour@humblemethodist.com)
  - You will receive an email with further instructions to set up your payment information on Brightwheel.
  - DO NOT create your Brightwheel Account until you receive the email with instructions.

## 4 REGISTRATION FEES

→The Registration Fee covers snacks, classroom start-up costs, classroom supplies, class parties and special events brought in during the year. All Registration Fees are due at the time of enrollment by either paying in full or setting up a payment plan.

**Registration Fees are non-refundable and sibling discounts do not apply.**

<input type="radio"/> Summer Registration Fee	\$75.00 per child	Family Total \$	Total Registration Fees
<input type="radio"/> School Year Registration Fee	\$375.00 per child	Family Total \$	

## 5 PAYMENT OF REGISTRATION FEES

- Pay in Full Date: \_\_\_\_\_
- Payment Plan Please complete the dates & amounts you would like charged. **All Registration Fees are MUST be paid in full by August 2, 2024.**

Date _____	Amount _____	Date _____	Amount _____
Date _____	Amount _____	Date _____	Amount _____

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# 2024-2025 School Year Calendar

We can not guarantee we will be able to have all events listed on the calendar. We will keep you updated throughout the year if changes are made to any dates. Thank you for your understanding.

## June 2024

3rd First Day of School (Summer)

## July 2024

4th & 5th NO SCHOOL : July 4th Break

## AUGUST 2024

2nd Last Day of Summer Session

5th-4th NO SCHOOL (Prepare for School Year)

4th Meet the Teacher 6-7pm

12th First Day of School

23rd Back to School Splash Bash (Water Day)

## SEPTEMBER 2024

2nd NO SCHOOL : Labor Day

17th & 18th Fall Individual School Pictures

## OCTOBER 2024

4th Pumpkin Patch Day

31st Trunk or Treat  
Halloween Class Parties  
*CWM will close at 2:30pm*

## NOVEMBER 2024

1st NO SCHOOL

22nd Thanksgiving Family Breakfast 7-9am

25th-29th NO SCHOOL : Thanksgiving Break

## DECEMBER 2024

3rd *CWM will close at 2:30pm*  
for Humble Parade of Lights

7th Breakfast with Santa 8am-11am  
CWM Biggest Fundraiser

13th CWM Christmas Play 11am

20th Christmas Class Parties-Wear PJ's  
*CWM will close at 2:30pm*

23rd-31st NO SCHOOL-Christmas Break

## JANUARY 2025

1st-3rd NO SCHOOL-New Year's Break

6th Back to School for Spring Semester

10th Hibernation Day-Wear PJ's

20th NO SCHOOL-MLK DAY

24th Snow Day

## FEBRUARY 2025

3rd-7th Community Helper Week-Dates TBD

14th Valentines Day Class Parties

17th NO SCHOOL-PRESIDENTS DAY

24th-28th Dr. Seuss Dress Up Week  
Mon. 24th-Wear a Hat  
Tues. 25th-Wear Crazy Socks  
Wed. 26th-Dress Wacky  
Thur. 27th-Wear PJ's  
Fri. 28th-Wear College Shirt  
The Cat in the Hat Visits CWM

## MARCH 2025

10th-14th NO SCHOOL : Spring Break

21st Rodeo Day : Dress Western

## APRIL 2025

1st & 2nd Spring Individual School Pictures

17th Easter Party Day

18th NO SCHOOL : Good Friday

23rd Teddy Bear Picnic Day  
Bring a Teddy Bear (label with name)

24th & 30th Class Group Pictures

## MAY 2025

2nd Bike Day  
Dino's: 10am, Frogs: 10:30am  
Jungle 11:00am

5th & 6th Jammin' Jungle Graduation Pictures

9th Mother's Day FUN!  
Dinos & Frogs - 10am , Jungle - 1pm

12th-16th Summer FUN Week!  
Mon. 12th : Movie & Popcorn (wear pjs)  
Tue. 13th : Bounce House & Balloons  
Wed. 14th : Parent Picnic (playground)  
Thur. 15th : Shaving Cream FUN  
Fri. 16th : Luau Party-Water Day

22nd Last Day of School  
*CWM will close at 2:30pm*  
PreK-4 Graduation Night-6:30pm  
-Arrive at 6:00pm for Slideshow

23rd-30th NO SCHOOL (Prepare for the Summer)



# ENROLLMENT FORM

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

MALE  FEMALE Name of Person Completing Form: \_\_\_\_\_

Child Lives With:  Both Parents  Mom  Dad  Guardian

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Mom  Dad  Step Parent  Guardian

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Mom  Dad  Step Parent  Guardian

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Mom  Dad  Step Parent  Guardian

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_



In case of an Emergency, please contact the following person if parents cannot be reached:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Is anyone other than Mom & Dad permitted to pick up your child from school?  Yes  No  
If Yes, Please list them below.

Name	Phone Number	Relationship to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Does your child have any special needs or medical concerns, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of?

YES  NO If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent Printed Name

Parent Signature

Date



# PARENT ACKNOWLEDGMENT & RELEASE

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## PLAYGROUND & WATER PLAY

→ I hereby give permission for my child to participate in all activities and on play equipment at CWM.  Yes  No

→ I hereby give permission for my child to participate in the following water activities.

- Water Table & Sprinklers
- Splashing & Wading Pools

→ I recognize that accidents happen and agree to hold free of liability the staff and church at First Methodist Humble and Children's Weekday Ministries if such an incident occurs.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PICTURES & SOCIAL MEDIA

→ My Child's name, address, email & telephone number may be published on a class list.  Yes  No

→ My Child's photo may be published on the CWM / First Methodist Humble Website.  Yes  No

→ My Child's photo may be published on the CWM Facebook Page. (No Names)  Yes  No

→ My Child's name and picture may be published on the Brightwheel app for CWM.  Yes  No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SNACK & LUNCH

→ I understand that CWM will only provide Snack for my child.  Yes  No

→ I understand that CWM does NOT provide Lunch for my child.  Yes  No

→ I understand that CWM is not responsible for my child's nutritional value or daily food needs.  Yes  No

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# PARENT ACKNOWLEDGMENT & RELEASE

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## REGISTRATION & TUITION

→ I am aware that all registration fees are non-refundable and non-applicable to tuition amounts. Discounts do not apply to registration fees.  Yes  No

→ I understand that it is my responsibility to update my child's enrollment file at CWM. (i.e. New address, shot records, phone numbers, credit/debit card numbers, etc.)  Yes  No

→ I understand that if I am late to pick up my child at either 2:30pm or 5:30pm, I will have a \$20 late charge added to my account.  Yes  No

→ I understand that my tuition is due on the 1st of the month or the date CWM agreed on your Financial Agreement.  Yes  No

→ I understand that if my payment declines on Brightwheel I will incur a \$25 late fee.  Yes  No

→ I understand that if my tuition is behind more than a week I will need to keep my child home until tuition is current. I will only have 1 month to make good on tuition before my child is removed from CWM roster.  Yes  No

## CALENDAR & HANDBOOK

→ I acknowledge that I have read and agree to the CWM Yearly Calendar. For the most part we follow Humble ISD with a few differences. We take 1 week off between each session to give teachers a chance to complete continuing education hours and to switch over classrooms for the new session.  Yes  No

→ I understand the CWM will close at 2:30pm on four days during the 2024-2025 School Year. (Oct. 31st Halloween, Dec. 3rd Humble Parade, Dec. 20th Christmas Break, May 22nd, Last Day of School)  Yes  No

→ I understand that CWM will follow the guidance from Humble, New Caney & Splendor ISD for closing school for weather. We will inform parents via Brightwheel.  Yes  No

→ I acknowledge that CWM has directed me to [www.humblemethodist.com/cwm-day-school](http://www.humblemethodist.com/cwm-day-school) to read the school handbook with written operational policies. CWM will notify via brightwheel app if any changes are made. I have read & understand the following. (Please check)

- Discipline and Guidance
- Meeting with Director
- Dispensing Medications
- Suspension and Expulsion
- Parents Participate at School
- Procedures for Health Check
- Emergency Plans
- Release of Children
- Immunization Requirements
- Safe Sleep
- Illness and Exclusion Criteria
- Lunch / Snack
- Open Door Policy
- Indoor & Outdoor Activity
- Contact Info for DFPS/More

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## PLEASE MARK YOUR CHILD'S PRIMARY DOCTOR'S INFORMATION

*CWM is not recommending nor endorsing any of the following doctors or hospitals.*

**WeekKare Pediatrics**  
19333 US-59 #145  
Humble, TX 77338  
281-540-5437

<input type="checkbox"/> Angel Munoz	<input type="checkbox"/> Rebecca Hill
<input type="checkbox"/> Ross Taylor	<input type="checkbox"/> Jennifer Taylor
<input type="checkbox"/> Nhu Do	<input type="checkbox"/> Jacqueline Vo
<input type="checkbox"/> Anna Almaguer	<input type="checkbox"/> Reene Douglas

**Texas Children's Humble | Atascocita**  
18350 Timber Forest Drive  
Humble, TX 77346  
281-446-2196

<input type="checkbox"/> Mark Farrior	<input type="checkbox"/> Caitlin Carroll
<input type="checkbox"/> David Liang	<input type="checkbox"/> Amy Crissman
<input type="checkbox"/> Ellaine Loren	<input type="checkbox"/> Kate Hurlbut
<input type="checkbox"/> Ashley Garibaldi	<input type="checkbox"/>

**Kelsey Seybold | Summer Creek**  
8233 N. Sam Houston Parkway E  
Humble, TX 77396  
713-442-2000

<input type="checkbox"/> Carolyn Carlson	<input type="checkbox"/> Kathryn Tierling
<input type="checkbox"/> Ujuchukwu Okpechi	<input type="checkbox"/>

**Kelsey Seybold | Kingwood**  
25553 US. Highway 59  
Porter, TX 77365  
281-442-2100

<input type="checkbox"/> Chikku Paul	<input type="checkbox"/> Amy Lothian
<input type="checkbox"/> Kathryn Wright	<input type="checkbox"/> Jakeen Johnson

**Texas Children's Humble | Kingwood**  
611 Rockmead Drive  
Kingwood, TX 77336  
281-348-7575

<input type="checkbox"/> Thomas Leach	<input type="checkbox"/> Shaheen Mohsin
<input type="checkbox"/> Karl Migaacz	<input type="checkbox"/> Kimberly Bloomberg
<input type="checkbox"/>	<input type="checkbox"/>

**Texas Children's Pediatrics Kingwood**  
20035 West Lake Houston Parkway  
Humble, TX 77346  
281-359-1000

<input type="checkbox"/> SooPeen Chin	<input type="checkbox"/> Kelly Dorsett
<input type="checkbox"/> Kathleen Hassel	<input type="checkbox"/> Montgomery Zachary
<input type="checkbox"/> Vathsala Arivaratna	<input type="checkbox"/> Lauren Armendariz

**Pediatrics of Greater Houston**  
7900 Fannin Street, St. 3300  
Houston, TX 77054  
713-630-0660

<input type="checkbox"/> Gina Stephen	<input type="checkbox"/> Don Schaffer
<input type="checkbox"/>	<input type="checkbox"/>

**Texas Children's Humble | Fall Creek**  
9701 N. Sam Houston Parkway E.  
Humble, TX 77396  
281-441-6900

<input type="checkbox"/> Samira Armin	<input type="checkbox"/> Shaina Karabinas
<input type="checkbox"/> Anandita Pal	<input type="checkbox"/> Isha Kachwala

If your child's doctor is not listed above, please complete this information.

Practice Name: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

## PLEASE MARK YOUR HOSPITAL PREFERENCE

Texas Children's Hospital | Main Campus



6621 Fannin Street  
Houston, TX 77030  
832-824-1000

Texas Children's Hospital | The Woodlands



17600 145 South  
The Woodlands, TX 77384  
936-267-5000

Kingwood Medical Center



22999 US HWY 59 N  
Kingwood, TX 77339  
281-348-8000

Memorial Hermann Northeast Hospital



18951 Memorial Drive  
Humble, TX 77338  
281-540-7700

→ I understand that the decision on which Emergency Room is used will depend on the decision from the EMT / Paramedics.

Yes  No

→ I give permission for my child to be transported and supervised by a CWM staff member in case of emergency.

Yes  No

→ In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize CWM's director or person in charge to take my child to the above locations for necessary treatments.

Yes  No

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_







# WELL STATEMENT & SHOT RECORDS HEARING & VISION (4YRS OLD)

## 1 WELL STATEMENT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I have examined the above named child within the past year and find that he/she is able to take part in a preschool program at Children's Weekday Ministries.

Physician Printed Name: \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 2 SHOT RECORD

All CWM students must be current with his/her vaccinations to attend, attach a copy of his/her current shot records to this form.

→For additional information regarding immunizations, visit the Texas Department of State Health Services website.

### IMMUNIZATION INFORMATION

## 3 HEARING AND VISION (ONLY FOR CHILDREN WHO ARE 4YRS OLD)

→All children who have turned 4 years old are required to have Hearing and Vision information on file. Please have your doctor complete this form or you may bring a signed copy from your doctor's office.

<b>VISION</b>	R 20/ ____	L 20/ ____	<input type="checkbox"/> PASS	<input type="checkbox"/> FAIL
Doctor Signature: _____			Date: _____	
<b>HEARING</b>	1000 Hz	2000 Hz	4000 Hz	<input type="checkbox"/> PASS <input type="checkbox"/> FAIL
Right				
Left				
Doctor Signature: _____			Date: _____	

Form may be emailed: [karmour@humblemethodist.com](mailto:karmour@humblemethodist.com)



# FOOD ALLERGY PLAN

**ONLY COMPLETE IF YOUR CHILD HAS A FOOD ALLERGY!**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**THIS PORTION MUST BE COMPLETED BY YOUR CHILD'S PHYSICIAN IF THEY HAVE A FOOD ALLERGY.**

→ Is this child Asthmatic?  YES\*  NO \*Higher risk for severe reaction.

\_\_\_\_\_ has an ALLERGY to the following food. \_\_\_\_\_

## 1 TREATMENT

If food allergen has been ingested, but NO symptoms.

EpiPen  Antihistamine

Mouth-Itching, Tingling, or Swelling of lips, tongue, mouth.

EpiPen  Antihistamine

Skin-Hives, Itchy Rash, Swelling of Face or Extremities

EpiPen  Antihistamine

Gut-Nausea, Abdominal Cramps, Vomiting, Diarrhea

EpiPen  Antihistamine

Throat † Tightening of throat, hoarseness, hacking cough

EpiPen  Antihistamine

Lung † Shortness of breath, repetitive coughing, wheezing

EpiPen  Antihistamine

Heart † Thready pulse, low blood pressure, fainting, pale, blueness

EpiPen  Antihistamine

Other

EpiPen  Antihistamine

If reaction is progressing (several areas affected)

EpiPen  Antihistamine

† The severity of symptoms can quickly change - Potentially life-threatening.

## 2 MEDICATION DOSAGE

Epinephrine | Inject Intramuscularly

EpiPen  EpiPen Jr.

Antihistamine: Give \_\_\_\_\_ Dose: \_\_\_\_\_ How Often \_\_\_\_\_

Other: Give \_\_\_\_\_ Dose: \_\_\_\_\_ How Often \_\_\_\_\_

## 3 EMERGENCY CALLS

→ Call 911, State that an allergic reaction has been treated, and additional epinephrine may be needed.

→ Call Doctor \_\_\_\_\_ Phone Number: \_\_\_\_\_

→ Emergency Contacts | List in the order you would like called.

Contact Name	Phone Number	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FINANCIAL AGREEMENT

## ONE FINANCIAL AGREEMENT PER FAMILY IS REQUIRED TO HAVE ON FILE

Tuition is due on the first-class meeting of each month unless a different date is approved by the office. CWM is a non-profit program: tuition pays for your child's educational materials and staff salaries.

*Automatic Recurring Payment through Brightwheel is required for all students.*

*A fee of \$25.00 will be charged for all declined recurring payments.*

As long as your child is enrolled in our program, you will need to pay the full monthly charge. If your child is absent during any portion of, or the entire month, you will be charged the full monthly amount. Tuition is the same amount every month so that both you and CWM may budget accordingly. We do not offer make-up days due to class numbers & staffing. If it becomes necessary for you to withdraw your child from the program, we ask that you notify the CWM office two weeks in advance. This serves a dual purpose in that it relieves you from incurring monthly tuition, and it allows us to fill the vacancy in the particular classroom.

# AUTO PAYMENT

All CWM families are required to use Auto Pay through the Brightwheel app. Parents are sent an email or text to prompt you to add your payment information. You have two choices when adding your payment method. CWM will set up your tuition plan and you are required to make sure the card on file or bank account is current. If your tuition plan is declined your account will get a \$25 fee for the decline.

Banking Account-ACH (NO FEE TO PARENT)

Credit Card (2.95% FEE TO PARENT)



# MONTHLY TUITION PAYMENT PLAN

CWM allows our families to choose the date and amount that is charged for the monthly tuition within reason. Please complete the below section so we may set your payment plan up to work for your family. This payment plan will be in effect from June 3, 2024 until you give two weeks notice to CWM. If you change your child's days/hours at anytime, we will update this form and have you sign a new agreement.

### EACH FAMILY ONLY NEEDS ONE FINANCIAL FORM.

Tuition is a family plan and families with 2 more students receive at 10% discount on your families monthly tuition total.

Monthly Tuition \$ \_\_\_\_\_

Amount \$ \_\_\_\_\_ Day of Month \_\_\_\_\_

Your Monthly Tuition Payment Plan may be set up with 1-4 payments per month. The total of the payments must meet the monthly tuition amount exactly.

Amount \$ \_\_\_\_\_ Day of Month \_\_\_\_\_

Amount \$ \_\_\_\_\_ Day of Month \_\_\_\_\_

Amount \$ \_\_\_\_\_ Day of Month \_\_\_\_\_



This Financial Agreement will remain in full force and effect until I notify Children's Weekday Ministries in writing of its termination. I acknowledge and agree to the above financial agreement.

Child's Name(s): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SUMMER REGISTRATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## 1 REGISTRATION FEES

\$75.00 per child

→Registration Fees Cover | Snack & Supply fees, Classroom start-up costs, Classroom supplies, Class parties and special events brought in during the year.

→Registration Fees are due at the time of enrollment by either paying in full or setting up a payment plan.

Registration Fees are non-refundable and NO discounts apply. Payments need to be paid in full by August 2, 2024.

## 2 CLASS REGISTRATION

→We will separate children into classes based on age, social skills, and academic readiness.

PreK-3 & PreK-4 students are required to attend a minimum of 3 days per week from 9:00am-2:30pm.

PreK-3 & PreK-4 students are required to be fully potty trained.

## 3 SCHOOL DAY

### CHECK THE DAYS YOU WOULD LIKE

→Monthly Tuition | 9:00am-2:30pm

M  T  W  TH  F

2 day week \$325	3 day week \$400	4 day week \$475	5 day week \$550
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## 4 EARLY CARE

### CHECK THE DAYS YOU WOULD LIKE

→Monthly Tuition | Early Care 7:00am-9:00am

M  T  W  TH  F

1 day week \$55	2 day week \$85	3 day week \$115	4 day week \$145	5 day week \$175
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## 5 LATE CARE

### CHECK THE DAYS YOU WOULD LIKE

→Monthly Tuition | Late Care 2:30pm-5:30pm

M  T  W  TH  F

1 day week \$70	2 day week \$115	3 day week \$160	4 day week \$205	5 day week \$250
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I understand that tuition is monthly and I will be charged the full monthly amount even if we are out.  
I understand that the Registration Fee is non-refundable and no discounts are applied.

**TOTAL MONTHLY SUMMER TUITION**

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# SCHOOL YEAR REGISTRATION

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## 1 REGISTRATION FEES

**\$375.00 per child**

→Registration Fees Cover | Snack & Supply fees, Classroom start-up costs, Classroom supplies, Class parties and special events brought in during the year.

→Registration Fees are due at the time of enrollment by either paying in full or setting up a payment plan.

Registration Fees are non-refundable and NO discounts apply. Payments need to be paid in full by August 2, 2024.

## 2 CLASS REGISTRATION

→We will separate children into classes based on age, social skills, and academic readiness.

PreK-3 & PreK-4 students are required to attend a minimum of 3 days per week from 9:00am-2:30pm.

PreK-3 & PreK-4 students are required to be fully potty trained.

## 3 SCHOOL DAY

### CHECK THE DAYS YOU WOULD LIKE

→Monthly Tuition | 9:00am-2:30pm  M  T  W  TH  F

	2 day week \$325	3 day week \$400	4 day week \$475	5 day week \$550
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## 4 EARLY CARE

### CHECK THE DAYS YOU WOULD LIKE

→Monthly Tuition | Early Care 7:00am-9:00am  M  T  W  TH  F

1 day week \$55	2 day week \$85	3 day week \$115	4 day week \$145	5 day week \$175
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## 5 LATE CARE

### CHECK THE DAYS YOU WOULD LIKE

→Monthly Tuition | Late Care 2:30pm-5:30pm  M  T  W  TH  F

1 day week \$70	2 day week \$115	3 day week \$160	4 day week \$205	5 day week \$250
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I understand that tuition is monthly and I will be charged the full monthly amount even if we are out.  
I understand that the Registration Fee is non-refundable and no discounts are applied.

**TOTAL MONTHLY TUITION**

\_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_