



Preschool Program Selection Form

Child's Name: _____

Age: _____

ATTENDANCE **Please select the correct enrollment options for your child.*

My child is: _____ In Diapers _____ Toilet Trained

My child attends preschool: _____ Half-Day (7am-12pm) _____ Full-Day (7am-6pm)

_____ Monday – Friday _____ Monday/Wednesday/Friday _____ Tuesday/Thursday

PAYMENT OPTIONS **Please indicate your method and schedule of payment.*

Payment method: _____ Personal Check OR _____ ACH Direct Withdrawal

Payment schedule: _____ Monthly Payment on _____ 1st of month **or** _____ 15th of month

_____ Bi-Monthly Payments on 1st **and** 15th of the month

TUITION RATES (Monthly) **Please indicate your monthly tuition rate based on attendance selected above.*

Program	Toilet Trained		In Diapers	
	Half-Days (7am-12pm)	Full-Days (7am-6pm)	Half-Days (7am-12pm)	Full-Days (7am-6pm)
Tues/Thurs	_____ \$303	_____ \$433	_____ \$355	_____ \$485
Mon/Wed/Fri	_____ \$437	_____ \$624	_____ \$515	_____ \$702
Mon – Fri	_____ \$630	_____ \$899	_____ \$760	_____ \$1,029