

Flagstaff Christian Preschool

Registration Checklist

Child's Name_____

Registration Form
Emergency/Immunization Form
Immunization Records
Gymnastics Waiver
Auto Pay Form
Registration Fee \$125
Last Month Tuition Payment

Registration is complete when all of the above have been submitted to the preschool office.

How did you hear about our preschool?_____

2024-2025						
		Flagstaff Chris			620	
		2024-2025 REGIS	TRATION FORM			
Child's Name				Birthdate	and the second second	
				-		
Email Address						
т	Datas sharrow hal	Registration Fee: \$1		utonov odd	50/	
		ow include a 5% autopay dis				
Students may be dropped off as early as 8:15 am for no additional fee, but must be picked up promptly on time.FULL DAY MONTHLY RATESHALF DAY MONTHLY RATES						
Five Days Per Week		0 am—3:00 pm	Five Mornin		9:00 am—noon	
Four Days Per Week		0 am—3:00 pm	Four Mornin	-	9:00 am—noon	
Three Days Per Week	\$690 9:0	0 am—3:00 pm	Three Morni	ngs \$425	9:00 am—noon	
Two Days Per Week	\$510 9:0	0 am—3:00 pm	Two Mornin	gs \$325	9:00 am—noon	
		30% Disc	count Siblings			
Morning Care Available at 6:45 am add \$40 per month; Aftercare Care Available until 6:00 pm Monday though Thursday and 5:30 pm on Fridays add \$60 per month or \$20 per day; Lunch Bunch—Stay until 12:45 for Lunch add \$40 per month						
Morning Extended	l Care 🛛 A	ftercare Extended □Lunch	n Bunch N	MONTHLY	TUITION:	
CIRCLE DAYS ANI	D TIMES					
Monday	Tuesday	Wednesday	Thursday	<u>Friday</u>		
AM Full	AM Full	AM Full	AM Full	AM Fu	all	
		Late Pickup—\$10 p	per every 15 minutes			
not adjusted or prorated days are NOT available. No Refund Policy: The	for student ab Schedule cha \$125 registra	on the 2024-2025 school sences or school closures, inges require a 30 day writ ation fee and Last Month's l month of tuition, provide	, including short months, l tten notice. Tuition is due s Deposit are non-refunda	holidays, an the first of o ble. The dep	d snow days. Make-up each month.	
withdraw form 30 days	prior to leavin	ou need to withdraw your g our program. Please no s until 30 days after you no	te: You are responsible fo	or payment f	-	
	· ·	uardian of the above name stand that no refunds will		~ •		

collection, I agree to pay attorney's fees, collection fees and all costs incurred. Any balance owing after 30 days shall accrue interest at the rate of 29% per annum.

Parent/Guardian Name (Printed)	Signature	Date
366 N Steve's Blvd Ste B, Flagstaff, AZ 86004 office@flags	taffchristianpreschool.org 928-226-0	696 www.flagstaffchristianpreschool.org