

2024-2025 Registration Form Two-Three year olds

Dear Parents,

We are pleased that you are considering Pixie Pre-School for your child. Please fill out the enclosed registration form and return, as soon as possible, to assure the time period you desire for your child.

In order for us to process the registration form and register your child, you must include the \$135 non-refundable registration fee and \$135 last month deposit that is applied to your June (last month) tuition.

Your full tuition payment will be due your child's first day of school.

Tuition will then be due the first of each month. If tuition is not paid in full by the end of the month your child may not attend until balance is paid. Payments accepted are Cash, Checks made out to Pixie Preschool and Credit Card or ACH transfer via our Brightwheel app (fee applicable)

HALF DAY HOURS: MORNING 9:00 A.M. - 12:30 P.M.

FULL DAY HOURS: 7:00 A.M. - 6:00 P.M.

Your child will also need to have the state required health form filled out and returned to us prior to beginning school.

Thank You,
January Gomolka
Director

429 Main St. Spotswood, N.J. 08884 732-251-3130

Admin@pixiepreschool.org

2024-2025 FEE SCHEDULE

Registration Fee \$135.00

Half Day Fees

Half Day Hours 9:00 A.M. - 12:30 P.M.

Half day hour includes the lunch hour. Please send your child in with a lunch.

2 half days \$ 388.00 per month 3 half days \$ 503.00 per month 4 half days \$ 634.00 per month 5 half days \$ 767.00 per month

9:00am - 3:00pm Fees (Before & After care is not included)

2 half days \$ 563.00 per month 3 half days \$ 730.00 per month 4 half days \$ 920.00 per month 5 half days \$ 1113.00 per month

Full Day Fees

Full Day Hours 7:00AM - 6:00 PM

Drop off time is 7:00 A.M. - 9:00 A.M. Pick up time is 3:00 P.M. - 6:00 P.M.

| 2 Full days | \$ 732.00 per month |
|-------------|----------------------|
| 3 Full days | \$ 949.00 per month |
| 4 Full days | \$ 1196.00 per month |
| 5 Full days | \$ 1447.00 per month |

Sibling Discounts:

Second Child 10% off monthly tuition for full day students Second Child \$10 off monthly tuition for half day students

PIXIE PRE-SCHOOL 2024-2025 Registration Form

429 Main St. Spotswood, N.J. 08884

732-251-3130 Fax 732 251-3777 admin@pixiepreschool.org

| Name of Child | !: | | | | | | | |
|---------------|---|---|--------------------------|--|--|--|--|--|
| | (Last Name) | (First Name) | | | | | | |
| Male Fen | nale | Date of Birth: | | | | | | |
| Address: | | | | | | | | |
| | (Street) | (Town) | (Zip) | | | | | |
| Parent Names | (Mother) | (Father) | | | | | | |
| Email Address | | (radici) | | | | | | |
| Best Phone # | (Mother) | (Father) | | | | | | |
| To reach you | (Mother) | (Father) | | | | | | |
| | () | ((44.5.) | | | | | | |
| Family Doctor | Name: | Phone: | | | | | | |
| One Friend/Re | elative to be notified in an Emerg | ency, if both parents are unavailable, r | nust be local. | | | | | |
| Name: | | Phone: | | | | | | |
| Does your chi | ld have any special consideration | s, allergies or food restrictions: Please | Explain? | | | | | |
| I HAVE READ A | AND UNDERSTAND THE FOLLOWIN | IG: | | | | | | |
| 1. | | ICAL EMERGENCY, I AUTHORIZE PIXIE PRE-SCHOOL TO SEEK ARE FOR MY CHILD AS DEEMED NECESSARY BY THE DIRECTOR. | | | | | | |
| 2. | \$135 REGISTRATION FEE IS NONREFUNDABLE/ \$135 last month deposit is applied to last month. | | | | | | | |
| 3. | There are NO CREDITS, SWITCHING OF DAYS OR MAKE UP DAYS due to illness, absences, inclement weather, school closings, etc. (vacation days must be prearranged) | | | | | | | |
| 4. | Payments are due the first week of each month. A \$40.00 late fee will be charged after the 10 th . Any unpaid tuition not paid by the end of the month will forfeit your child's placement in his/her class and child will not be able to attend. Special arrangements may be made with the office for an alternate payment plan. | | | | | | | |
| 5. | Extra days may be added when r | needed with director approval. Full day | is \$85 - Half day \$55. | | | | | |
| 6. | | for each RETURNED check. If two RETUR ts must be made with cash or money ord | | | | | | |
| | (Signatu | re) | (Date) | | | | | |

SCHOOL HOURS

Half Day 9:00 - 12:30 Full Day 7:00 - 6:00

Special 9-3 rate

ALL CHILDREN REGISTERING MUST BE AGE 2 BY OCTOBER 1.

| PROGRAM DAYS ARE: | 2 days | 3 days | 4 days | 5 days | | | | | | | |
|--|---------------------|-------------|------------|---------------|--------|-------|-------|-----|--|--|--|
| PLEASE CIRCLE THE DAYS | S YOUR CHIL | D WILL BE A | TTENDING: | MON | TUES | WED | THURS | FRI | | | |
| | HALF PI | ROGRAM (9 | am-12:30pı | m) | | | | | | | |
| Special 9-3 rate | | | | | | | | | | | |
| FULL DAY PROGRAM (7a-6p) | | | | | | | | | | | |
| | | | | | | | | | | | |
| | | | | | | | | | | | |
| ENCLOSE \$135.00 NON REFUNDABLE REGISTRATION FEE, PLUS \$135 JUNE (last month) DEPOSIT | | | | | | | | | | | |
| **TU | IITION PAY <i>N</i> | ENT WILL I | BE DUE ON | FIRST DA | Y OF S | CHOOL | | | | | |
| | | | | | | | | - | | | |
| OFFICE USE ONLY DO NOT | WRITE IN TH | IIS SPACE | | | | | | | | | |
| REGISTRATION FEE | | | DATE | DATE RECEIVED | | | | | | | |
| TUITION FEE | | | TEAC | ACHER | | | | | | | |
| DEPOSIT | | | HEAL | TH FORA | ۸ _ | | | | | | |
| TOTAL FEES PAID | | | Cash | | Check | | | | | | |