

Dear Weekday Applicant,

This is a tuition contract and your payment schedule. Please read it completely before signing.

Our annual budget is based on tuition income with a small amount coming from fundraisers. All allocation of funds are provided in our annual budget and approved by the Weekday Nursery School Committee. Because our income is dependent upon tuition payments, we rely on timely payments.

Child's Name	D.O.B	Ger	nder	_	Age on	Sept 1 (Ye	ars/Months	3)
Mailing Address		Zip Code		_ Primary	Phone			
Parent's Name		Occupation			_	Mobile #	ŧ	
Parent's Name		Occupation			_	Mobile#	ŧ	
Parent's E-Mail		Pare	ent's E-Mail					
	PLEASE C	HECK DESI	RED PRO	GRA	N			
8:45-11:30 An	y 3 Mornings (please check desired o	days)	Mon.	Tue.	Wed.	Thur.	Fri	\$6520
8:45-11:30 An	y 4 Mornings (please check desired o	lays)	Mon.	Tue.	Wed.	Thur.	Fri	\$7334
8:45-11:30 5 N	<i>l</i> ornings							\$8170
		FULL DAY OP	TIONS					
3 Full Days 8:4	45-3:00 (circle) Mon Tue Wed Thur	Fri, 2 Half Day	/s 8:45-11:30) (circle)	Mon Tue	Wed Th	nur Fri	\$16,377
8:45-3:00 3 Fu	Ill Days (please circle desired days)		Mon.	Tue.	Wed.	Thur.	Fri	\$15,100
8:45-3:00 4 Fu	Ill days (please circle desired days)		Mon.	Tue.	Wed.	Thur.	Fri	\$16,400
8:45-3:00 5 Full Days\$17,670				\$17,670				
	<u>EX</u>	TENDED DAY	OPTIONS					
8:00-3:00 5 Fu	III EXTEDED Days (with early drop of	ff)						.\$19,864
8:45-3:30/4:00 5 Full EXTENDED Days (with late pick up)					\$19,864			
8:00-4:00 5 Full EXTENDED Days (with early drop and late pick up) \$20,900					\$20,900			
	Online **All tuition n	e payments a nust be paid			th			
	Please see revei	rse side t	for tuit	tion	sche	dule		

Office use only

___new __return __copied __label ___ constant contact ___ Procare ___letter __app fee ___tuition ___ Priority



Weekday Nursery School 1200 North Avenue New Rochelle, N.Y. 10804 914.632.6758 <u>niki@weekdayns.org</u> 2025-2026 Tuition Schedule

Program Options	Upon Registration (\$75 current/alumni families, \$100 new families)	9 Monthly Payments from September 1-May 1 *All tuition must be paid in full by May 1, 2025	Annual Tuition
Any 3 mornings 8:45-11:30	\$652 + Registration Fee	\$652	\$6520
Any 4 mornings 8:45-11:30	\$733.40 + Registration Fee	\$733.40	\$7334
5 mornings 8:45-11:30	\$817 + Registration Fee	\$817	\$8170
Varied Schedule 3 full days 8:45-3:00, 2 half days 8:45-11:30	\$1637.70 + Registration Fee	\$1637.70	\$16,377
3 Full Days 8:45-3:00	\$1510+ Registration Fee	\$1510	\$15,100
4 Full Days 8:45-3:00	\$1640+ Registration Fee	\$1640	\$16,400
5 Full Days 8:45-3:00	\$1767 + Registration Fee	\$1767	\$17,670

EXTENDED DAY OPTIONS

5 Full Extended Days with early drop off 8:00-3:00	\$1928.50 + Registration Fee	\$1928.50	\$19,285
5 Full Extended Days with late pick up 8:45-3:30/4:00	\$1928.50+ Registration Fee	\$1900	\$19,285
5 Full Extended Days with early drop AND late pick up 8:00-4:00	\$2030+ Registration Fee	\$2090	\$20,900

An application fee of \$100 for new families and \$75 for returning families, which is NON-REFUNDABLE, is due at this time. Tuition Fees are all inclusive. No deduction can be made for absences caused by illness or by withdrawal for a portion of the year. If the Administration should feel that a student is not benefiting from the nursery school experience, his/her withdrawal will be requested and a pro-rated portion of the student's tuition will be refunded. All other fees are NON-REFUNDABLE. THE TUITION DEPOSIT is NON-REFUNDABLE and Non-Transferable. This tuition agreement must be signed at this time and must accompany the application and fees. There is a \$30 late fee if we do not receive your

tuition by the 10th of the month that the tuition is due. A charge of \$20 is added if a check is returned to us by the bank. If 2 checks are returned, all other payments must be made in a cashier's check. We no longer accept cash.

We agree to pay our child's tuition as stated above. We understand that paying on time is our obligation.

Both parents need to sign this contract with the understanding that tuition payments are due by the above dates and agree to pay on time.

Printed Name	Parent Signature	Printed Name	Parent Signature
Director's Signature	Date		
Office use only			

__new __return __copied __label ___ constant contact ___ Procare ___letter __app fee ___tuition ___ Priority