



To: Parents of On My Own Students
From: Brigitte Landes, Director
Date: December 2025
Subject: 2026-2027 Registration

It is our policy to give preference to our present On My Own classes when registering for the next school year. To ensure your enrollment for next year, **please complete the attached registration form and return it with a \$100 non-refundable registration fee and activity fee at your earliest convenience.**

Next year tuition payments will be made in 10 installments beginning August 1st. The annual tuition rate for the 3's class (Tuesday & Thursdays 9:15-11:45am) for the 2026-2027 school year will be \$1650 payable in 10 monthly installments of \$165/month. If you have another child who will be in Triple C next year let the office know so that we can register you early. If you have any questions, please call 215-536-7280 or email us at triplec@eastswamp.org.

PLEASE NOTE: You MUST complete this form to secure your child's enrollment for next year. He or She will NOT be automatically enrolled.

Child's Name: _____ Birthdate _____

Address: _____ Phone: _____

_____ I would like to enroll my child for the 2026-2027 school year:

_____ 3's Tuesday/Thursday 9:15-11:45am

_____ I will have another child enrolling in the program next year.

OMO _____ 3's _____ 4's _____ 4's Extended _____ PreK Enrichment _____

Does your child have an IEP (individualized education plan) and/or receive any outside services for physical or developmental delays? _____ no _____ yes.

If yes, please provide that information at the time of registration. If you are in the process of scheduling an evaluation or receiving an IEP/Services, please let us know at the time of registration. Triple C Nursery School strives to provide a learning environment that each child deserves and is entitled to. To do this, we need to be able to review this information at the time of registration to make sure Triple C Nursery School is the best learning environment for each individual child. If you have any questions or concerns regarding this policy, please contact the office. Thank you.

Signature _____ Date _____

FOR OFFICE USE ONLY:

Non-Refundable Registration & Activity Fee \$100 paid _____

Check # _____ Cash _____

Date Received _____