



St. Paul's Child Care Center

St. Paul's Lutheran Church
761 King Street
Rye Brook, NY 10573
Medina Telesco, Director
Phone: 914-939-3079

Web site:-
www.StPaulsCCCRyeBrook.org
Pastor James O'Hanlon
Johanlon.stpauls@gmail.com

St. Paul's Child Care Center Monthly Tuition Rates January-December 2026

Infant 5 days	\$2500
Infant 4 days	\$2190
Infant 3 days	\$1950
Infant 2 days	\$1450
Toddler 5 days	\$2370
Toddler 4 days	\$2050
Toddler 3 days	\$1900
Toddler 2 days	\$1370
3s & 4s 5 days	\$2150
3s & 4s 4 days	\$1900
3s & 4s 3 days	\$1650
3s & 4s 2 days	\$1230



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Enrollment Policies

Admission

St. Paul's Child Care Center is open to children between the ages of six weeks and five years. As openings in the various age groups occur, admission is offered to children on the waiting list for that age group. In order to be placed on a waiting list, you must submit a completed application and a \$100.00 application fee. You and your child are encouraged to visit St. Paul's before applying.

Enrollment

When a space becomes available, and the family accepts the space, an enrollment packet of registration paperwork will be given. This includes: an enrollment agreement, medical form, registration form, babysitting waiver, photo permission form and other informational forms for us to get to know more about your child. These forms must be completed and submitted prior to the child's start date.

Please note that St. Paul's CCC is not able to hold spots for temporary altered schedules. To keep your contracted days you must pay the full tuition amount each month regardless of attendance.

Deposit

A nonrefundable deposit of one month's tuition is required to hold a space. This will be the first month's tuition and is due when a space is offered. St. Paul's Child Care Center admits students of any race, color, and national or ethnic origin.

St. Paul's Child Care Center Application for Enrollment

Child #1 Name: _____ Gender: M F

Birth Date: _____ or Due Date: _____

Child #2 Name: _____ Gender: M F

Birth Date: _____ or Due Date: _____

Which days would you like your child(ren) to attend?

Monday-Friday Monday Tuesday Wednesday Thursday
Friday

How were you referred to St. Paul's Child Care Center? _____

Does your child(ren) have any Special Health Care Needs? _____

Allergies? _____ Developmental Delays? _____ Other Special Needs? _____

Child(ren)'s Home Address: _____

Parent #1 Name: _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

Home Address (if different from above): _____

Employment: _____ Address: _____

Parent #2 Name: _____ Email: _____

Home #: _____ Cell #: _____ Work #: _____

Home Address (if different from above): _____

Employment: _____ Address: _____

Name of Pediatrician: _____ Telephone: _____

Application Date: _____ Desired Start Date: _____

Program(s) Requested: INFANT TODDLER 3s 4s

A nonrefundable fee of \$100.00 is required for each child with this application.
I understand that the \$100.00 fee per child is nonrefundable and does not guarantee me a spot in the Center. If I decide not to send my child/children to the Center, or a spot does not become available to me, the \$100.00 will not be returned.

Signature: _____ Date: _____