



## 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](http://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	<b>\$2500</b>
Infant 4 days	<b>\$2190</b>
Infant 3 days	<b>\$1950</b>
Infant 2 days	<b>\$1450</b>
Toddler 5 days	<b>\$2370</b>
Toddler 4 days	<b>\$2050</b>
Toddler 3 days	<b>\$1900</b>
Toddler 2 days	<b>\$1370</b>
3s & 4s 5 days	<b>\$2150</b>
3s & 4s 4 days	<b>\$1900</b>
3s & 4s 3 days	<b>\$1650</b>
3s & 4s 2 days	<b>\$1230</b>



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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: \_\_\_\_\_