



2023 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 \$125 non-refundable registration fee and \$125 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. Payments accepted 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

2023 FEE SCHEDULE

Registration Fee \$125.00

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	\$ 340.00 per month
3 half days	\$ 460.00 per month
4 half days	\$ 580.00 per month
5 half days	\$ 700.00 per month

Full Day Fees

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

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	\$ 644.00 per month
3 Full days	\$ 856.00 per month
4 Full days	\$ 1084.00 per month
5 Full days	\$ 1312.00 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
2023 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 _____ Female _____ Date of Birth: _____

Address: _____
(Street) (Town) (Zip)

Parent Names: _____
(Mother) (Father)

Email Addresses: _____
(Mother) (Father)

Best Phone #
To reach you _____
(Mother) (Father)

Family Doctor Name: _____ Phone: _____

One Friend/Relative to be notified in an Emergency, if both parents are unavailable, must be local.

Name: _____ Phone: _____

Other Members of the Household: (Sister, Brother, (ages), Grandparents, etc.)

Does your child have any special considerations, allergies or food restrictions: Please Explain?

I HAVE READ AND UNDERSTAND THE FOLLOWING:

1. IN THE EVENT OF A MEDICAL EMERGENCY, I AUTHORIZE PIXIE PRE-SCHOOL TO SEEK EMERGENCY MEDICAL CARE FOR MY CHILD AS DEEMED NECESSARY BY THE DIRECTOR.
2. \$125 REGISTRATION FEE IS NONREFUNDABLE/ \$125 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 10th. Unpaid tuition will forfeit your child's placement in his/her class. Special arrangements may be made with the office for an alternate payment plan.
5. Extra days may be added when needed with director approval. Full day is \$80 - Half day \$50.
6. A fee of \$40.00 will be charged for each RETURNED check. If two RETURNED checks are received within the school year, further payments must be made with cash or money orders. No further checks will be accepted.

(Signature)

(Date)

SCHOOL HOURS

Half Day 9:00 - 12:30

Full Day 7:00 - 6:00

ALL CHILDREN REGISTERING MUST BE OF THE FOLLOWING AGE BY OCTOBER 1.

PROGRAM DAYS ARE: 2 days 3 days 4 days 5 days

PLEASE CIRCLE THE DAYS YOUR CHILD WILL BE ATTENDING: MON TUES WED THURS FRI

HALF PROGRAM (9am-12:30pm) _____

FULL DAY PROGRAM (7a-6p) _____

ENCLOSE \$125.00 NON REFUNDABLE REGISTRATION FEE, PLUS \$125 JUNE (*last month*) DEPOSIT

****TUITION PAYMENT WILL BE DUE ON FIRST DAY OF SCHOOL**

OFFICE USE ONLY DO NOT WRITE IN THIS SPACE

REGISTRATION FEE _____

DATE RECEIVED _____

TUITION FEE _____

TEACHER _____

DEPOSIT _____

HEALTH FORM _____

TOTAL FEES PAID _____