

**2020-2021 Fall Registration**

Dear Parents,

We are pleased that you are considering Pixie Pre-School for your child for the Fall. 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 appropriate registration fee and $100 that is applied to June 2021 and is non-refundable.

Your full tuition payment will be due your child’s first day of school.

Tuition will then be due the first week of each month.

**HALF DAY HOURS: MORNING 9:00 A.M. – 12:30 P.M.**

**AFTERNOON 11:30 A.M. - 3:00 P.M.**

**FULL DAY HOURS: 7:00 A.M. – 6:30 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

**2020-2021 FALL FEE SCHEDULE**

**Registration Fee $50.00**

**Half Day Fees** Morning schedule is 9:00 A.M. – 12:30 P.M.

 Afternoon schedule is 11:30 A.M. – 3:00 P.M.

Half day hour includes the lunch hour.

Please send your child in with a lunch.

2 half days $ 238.00 per month

3 half days $ 305.00 per month

4 half days $ 390.00 per month

5 half days $ 477.00 per month

**Before Care Daily Rate is $11.00/day After Care Daily Rate is $16.00/day**

**Monthly rate: 2 days $80 Monthly rate: 2 days $114**

 **3 days $114 3 days $172**

 **4 days $152 4 days $230**

 **5 days $190 5 days $295**

**Full Day Fees** Full Day Hours 7:00AM – 6:30PM

Drop off time is 7:00 A.M. – 9:00 A.M.

Pick up time is 3:00 P.M. – 6:30 P.M.

2 Full days $ 424.00 per month

3 Full days $ 564.00 per month

4 Full days $ 735.00 per month

5 Full days $ 865.00 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**

 **2020-2021 Fall 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.)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**What Language is spoken at home if other than English?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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. REGISTRATION FEE IS NONREFUNDABLE $50 DEPOSIT

 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 $25.00 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 $50 – Half day $35.

 6. A fee of $25.00 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**

**Morning 9:00 – 12:30 Afternoon 11:30 – 3:00**

**Before care 7:00 – 9:00 Aftercare 3:00 – 6:30**

**\*\*Full Day 7:00 – 6:30**

**\*\*Children enrolled for full day can participate in our before care & after care program.**

**\*\*For an additional fee half day children may participate in our before care & after care program.**

**All children registering must be of the following age by October 31.**

**2 YEAR OLD PROGRAM**\_\_\_\_\_\_\_\_\_

**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

**MORNING PROGRAM**\_\_\_\_\_\_\_\_\_\_ **AFTERNOON PROGRAM**\_\_\_\_\_\_\_\_\_\_

**FULL DAY PROGRAM** \_\_\_\_\_\_\_\_\_\_

**EXTENDED CARE PROGRAM**

Before school care: 7:00 A.M. - 9:00 A.M. - \_\_\_\_\_\_\_\_ # OF DAYS 2 3 4 5 (CIRCLE ONE)

After school care: 3:00 P.M. - 6:30 P.M. - \_\_\_\_\_\_\_\_ # OF DAYS 2 3 4 5 (CIRCLE ONE)

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ENCLOSE $50.00 REGISTRATION FEE,** **PLUS $100 THAT IS APPLIED TO JUNE AND IS NON REFUNDABLE**

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

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**OFFICE USE ONLY DO NOT WRITE IN THIS SPACE**

REGISTRATION FEE ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_ DATE RECEIVED \_\_\_\_\_\_\_\_\_\_\_\_

TUITION FEE \_\_\_\_\_\_\_\_\_\_\_\_ TEACHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TUITION FEE \_\_\_\_\_\_\_\_\_\_\_\_ HEALTH FORM \_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL FEES** **PAID** \_\_\_\_\_\_\_\_\_\_\_\_