

# Calvary United Methodist Preschool

15 Ridge Place  
Latham, NY 12110  
(518)783-5142



Kari Planz, Director

Rev. Andrew Sperry, Pastor

Calvary United Methodist Preschool does not discriminate on the basis of race, religion, or national origin.

## Class Times

All of our classes are from 9am-12pm.

## Tuition

Three Year Old Class	2days/wk.	Tuesday & Thursday	\$1900 annually or \$190 per month
Three Year Old Class	3days/wk.	Tues, Wed & Thursday	\$2250 annually or \$225 per month
Four Year Old Class	3days/wk.	Mon, Wed & Friday	\$2250 annually or \$225 per month
Four Year Old Class	5days/wk.	Mon-Friday	\$2750 annually or \$275 per month

(Your child's readiness for the 5 day 4 year old class will be at the discretion of the Director and teachers.)

## Age Requirements:

Three Year Old Class:	Children must be 3 by December 1 <sup>st</sup> of the year they begin.
Four Year Old Class:	Children must be 4 by December 1 <sup>st</sup> of the year they begin.

per North Colonie's age requirements

## Class Sizes

Each three year old classes will maintain a 7:1 ratio or less (max. 14 children with 2 teachers.)  
Each four year old classes will maintain a 8:1 ratio or less (max. 16 children with 2 teachers.)

## Parent Handbook

You will receive a parent handbook detailing our program and policies. Included in the handbook will be our preschool calendar for the year. For the most part, we follow the North Colonie School District's calendar, including holidays, vacations and teacher conference/superintendent days, and weather related school closings. We sometimes alter vacations, but they will be noted on our calendar. **Our school will never be listed as closed due to weather on TV or radio, but rather look for North Colonie to be closed or delayed, or for a message in your email or app.**

## Registration Packet

In addition to the parent handbook, you will also receive a registration packet with forms which will need to be completed and returned at our Back to School event or before the first day of school.

## Registration Fee

We require a deposit of June's tuition at the time of registration. This, along with the \$50 registration fee, will secure your child's place in the classroom. Your child is not considered registered until these two fees are received, along with the registration form. The deposit and registration fee are non-refundable.

## Tuition Payments

Our tuition is based on an annual tuition rate. You will have 3 options in paying your annual tuition.

Monthly by check

In full by check

Brightwheel by electronic payment through invoicing

If you choose to make monthly payments, please note that all tuition payments are due by the 1<sup>st</sup> of the month. Your September tuition payment should be mailed to Calvary United Methodist Preschool at 15 Ridge Place, Latham, NY 12110 by *September 1<sup>st</sup>*. All remaining tuition checks should be placed in the tuition mailbox outside of your child's classroom, or mailed to the above address in c/o Kathy Whitsett. Cash cannot be accepted as tuition payment. Staff members are not permitted to accept tuition payments.

Please Note: Tuition payments are required regardless of illness, vacations or other personal reasons for absence.

# Calvary United Methodist Preschool

15 Ridge Place  
Latham, NY 12110  
(518)783-5142



Kari Planz, Director

Rev. Andrew Sperry, Pastor

## REGISTRATION FORM

Today's Date: \_\_\_\_\_

Which class are you registering for?

_____ Three Year Old Class	Tuesday & Thursday	9:00 am -12:00 pm (2 days/wk.)	\$1900/yr or \$190/mo
_____ Three Year Old Class	Tuesday, Wednesday & Thursday	9:00 am -12:00 pm (3 days/wk.)	\$2250/yr or \$225/mo
_____ Four Year Old Class	Monday, Wednesday & Friday	9:00 am -12:00 pm (3 days/wk.)	\$2250/yr or \$225/mo
_____ Four Year Old Class	Monday -Friday	9:00 am -12:00 pm (5 days/wk.)	\$2750/yr or \$275/mo

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name child prefers to be called \_\_\_\_\_ Male/Female(circle one)

Address \_\_\_\_\_

**Mother's Name** \_\_\_\_\_

Address(if different from child's) \_\_\_\_\_

Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Office Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Hours \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status    Married            Divorced            Separated            Widowed            Single            Other (circle one)

**Father's Name**

Address(if different from child's) \_\_\_\_\_

Occupation \_\_\_\_\_ Home Phone \_\_\_\_\_

Employed by \_\_\_\_\_ Office Phone \_\_\_\_\_

Work Address \_\_\_\_\_ Work Hours \_\_\_\_\_

E-mail address \_\_\_\_\_ Cell Phone \_\_\_\_\_

Marital Status    Married            Divorced            Separated            Widowed            Single            Other (circle one)

Please indicate any allergies your child has \_\_\_\_\_

Please indicate any custody arrangements we need to know about if your child does not live in the same

home with both parents \_\_\_\_\_

Please indicate siblings' name and ages \_\_\_\_\_

Please indicate any information you feel would be helpful to us in caring for your child (i.e.; divorce, recent

trauma, special needs, recent move, etc.) Use back if necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If new to Calvary, how did you hear about us? \_\_\_\_\_

**REMINDER -ONE MONTH'S TUITION PAYMENT and \$50 REGISTRATION FEE MUST ACCOMPANY THIS REGISTRATION FORM**

Registration form received on \_\_\_\_\_ June Deposit Received \_\_\_\_\_ \$50 Registration Fee Received \_\_\_\_\_

Check # \_\_\_\_\_ OR Brightwheel acct. set up and paid \_\_\_\_\_