



CALVARY METHODIST PRESCHOOL

Calvary United Methodist Church
15 Ridge Place
Latham, NY 12210

Kari Planz, Director
Rev. Andrew Sperry, Pastor

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

YEAR-LONG PROGRAMS (all classes are from 9am-12pm)

Three-Year-Old Class	2days/week - Tuesday & Thursday	\$2100 annually or \$210 per month
Three-Year-Old Class	3days/week - Tuesday, Wednesday & Thursday	\$2500 annually or \$250 per month
Four-Year-Old Class	3days/week - Monday, Wednesday and Friday	\$2500 annually or \$250 per month
Four-Year-Old Class	5days/week - Monday-Friday	\$3000 annually or \$300 per month

Your child's readiness for the 5 day four-year-old class will be at the discretion of the Director and Teachers

AGE REQUIREMENTS (Based on North Colonie CSD's age requirements)

Three-Year-Old Class	Children must be 3 by December 1 of the year they begin
Four-Year-Old Class	Children must be 4 by December 1 of the year they begin

CLASS SIZES

Each three-year-old class will maintain a 7:1 ratio or less (max 14 children with 2 teachers)

Each four-year-old class will maintain an 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 1st of the month. Your September tuition payment should be mailed to Calvary United Methodist Preschool at 15 Ridge Place, Latham, NY 12210 *by September 1st*. 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.



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REGISTRATION FORM

Today's Date: _____

Which class are you registering for?

<input type="checkbox"/>	Three-Year-Old Class	2days/week - Tuesday & Thursday, 9am-12pm	\$2100 annually or \$210 per month
<input type="checkbox"/>	Three-Year-Old Class	3days/week - Tuesday, Wednesday & Thursday, 9am-12pm	\$2500 annually or \$250 per month
<input type="checkbox"/>	Four-Year-Old Class	3days/week - Monday, Wednesday and Friday, 9am-12pm	\$2500 annually or \$250 per month
<input type="checkbox"/>	Four-Year-Old Class	5days/week - Monday-Friday, 9am-12pm	\$3000 annually or \$300 per month

Child's Full Name: _____

Date of Birth: _____

Name child prefers to be called: _____

MALE / FEMALE (circle one)

Address: _____

Parent/Guardian 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 (circle one)

MARRIED

DIVORCED

SEPARATED

WIDOWED

SINGLE

OTHER

Parent/Guardian 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 (circle one)

MARRIED

DIVORCED

SEPARATED

WIDOWED

SINGLE

OTHER

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' names 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.

--- OFFICE USE ONLY ---

Registration form received on	June Deposit Received	\$50 Registration Fee Received
Check Number	-or-	Brightwheel Account Set Up and Paid