

Calvary United Methodist Preschool

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



Kari Planz, Director

Rev. Janet James, Pastor

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

Class Times

Three Year Old Class	Tuesday & Thursday	9:00 am –12:00 pm (2 days/wk.)
Three Year Old Class	Monday, Wednesday & Friday	9:00 am –12:00 pm (3 days/wk.)
Four Year Old Class	Monday, Wednesday & Friday	9:00 am –12:00 pm (3 days/wk.)
Four Year Old Class	Monday –Friday	9:00 am –12:00 pm (5 days/wk.)

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

Tuition

Three Year Old Class	(2days/wk.)	\$1800 annually or \$180 per month
Three or Four Year Old Class	(3days/wk.)	\$2050 annually or \$205 per month
Four Year Old Class	(5days/wk.)	\$2500 annually or \$250 per month

Age Requirements

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

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 in August detailing our program and policies. Included in the handbook will be our preschool calendar for the year. We generally follow the North Colonie School District's calendar, including holidays, vacations and teacher conference/superintendent days, and weather related school closings. **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.**

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.

Registration Fee

One month's tuition is due at the time of registration (this will secure your child's place in the classroom and will also be your last month, June's, tuition). Your child is not considered registered until this fee is received along with the registration form. This deposit will be refundable, with written notice, in the following manner:

By June 1st 100%

By July 1st 75%

By August 1st 50%

After August 1st it becomes non refundable.

Tuition Payments

Our tuition is based on an annual tuition rate. You will have 3 options in paying your annual tuition. 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 needs to be mailed to Calvary United Methodist Preschool at 15 Ridge Place, Latham, NY 12110 c/o Kathy Whitsett by *September 1st*. All remaining tuition checks should be mailed to the church address above or placed in the tuition mailbox outside the school door. 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. Janet James, Pastor

REGISTRATION FORM

Today's Date: _____

Which class are you registering for?

<input type="checkbox"/> Three Year Old Class	Tuesday & Thursday	9:00 am –12:00 pm (2 days/wk.)
<input type="checkbox"/> Three Year Old Class	Monday, Wednesday & Friday	9:00 am –12:00 pm (3 days/wk.)
<input type="checkbox"/> Four Year Old Class	Monday, Wednesday & Friday	9:00 am –12:00 pm (3 days/wk.)
<input type="checkbox"/> Four Year Old Class	Monday –Friday	9:00 am –12:00 pm (5 days/wk.)

Child's Full Name _____ Date of Birth _____

Name child prefers to be called _____ Male/Female

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 (check 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 (check 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 MUST ACCOMPANY THIS REGISTRATION FORM

Pre-Registration mailed _____

Registration Fee Received _____

Registration received on _____

Check # _____