



Katonah Playcare

Early Learning Center

PRESCHOOL REGISTRATION/APPLICATION AGREEMENT

2019-2020 School Year

Child

.....

Name: _____

Date of Birth: _____ Sex: Male / Female

Address: _____ Zip: _____

Home Phone: _____

Number to use on class list _____

Parent

.....

Name: _____

email: _____

Mobile: _____

Place(s) of business:

Work phone: _____

Parent

.....

Name: _____

email: _____

Mobile: _____

Work phone: _____

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Please register my child for: (circle program choice)

2's	2 day program	Monday/Wednesday	9:00-11:30
		or Tuesday/Thursday	9:00-11:30
	Optional 3rd Day	Friday	9:00-11:30
3's	3 day program	Tuesday / Wednesday / Thursday	9:15-11:45
	4 day program	Tuesday / Wed / Thursday /Friday	9:15-11:45
4's	5 day program	Monday through Friday	9:00-12:00

Program Eligibility:

For the 2's program, children must be 2 years old by December 1st, 3's program must be 3 years old by December 1st, and 4's must be 4 years old by December 1st.

Agreement:

Upon acceptance of this application, I understand that I am responsible for the total tuition amount and agree to pay the tuition fees in full or in accordance with the schedule below. (The dates listed are only payment dates. They do not reflect a period covered by the tuition installment.)

I understand that if my payment is not received within 10 days of the due date, a \$25.00 late fee will be applied. Should payment, including late fee, not be received by the 15th day from the due date, my child's space will be forfeited.

I REALIZE THAT NO REFUND OF TUITION OR FEES WILL BE MADE FOR WITHDRAWAL OR ABSENCES. (Insurance, salaries, maintenance, and other budgetary obligations remain constant, so we cannot make exceptions).

I understand that the school reserves the right to request the withdrawal of my child at any time for reasons consistent with the best interests of the program.

If you would like to register your child, please complete and return this form with a \$300 NON-REFUNDABLE deposit. \$100 will be applied toward tuition, and \$200 is the registration fee. Please register by mail to the address below, or you can bring it to the school office.

Signature: Name: _____

Date: _____

street: 44 Edgemont Road mailing address: PO Box 340

Katonah, NY 10536

www.katonahplaycare.com • 914.232.7825 • kpcelc@aol.com

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TUITION AND PAYMENT SCHEDULE

Tuition for the 2019-2020 school year is as follows:

2 day	\$3400	3 day	\$4600	4 day	\$5900	5 day	\$6300
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Tuition is payable in full or in three installments
as shown on the schedule below.

	June 1st	October 1st	February 1st
2 Day Program	\$1100	\$1100	\$1100
3 Day Program	\$1500	\$1500	\$1500
4 Day Program	\$2000	\$2000	\$1800
5 Day Program	\$2100	\$2100	\$2000

*Note: Days off on calendar are not included in tuition