CALVARY METHODIST PRESCHOOL

Calvary United Methodist Church 15 Ridge Place, Latham, NY 12110

Kari Planz, Director, Rev. Andrew Sperry, Pastor

Year-Long Programs (all classes are from 9am-12pm) days are subject to change					
Three-Year-Old Class	2days/week – Monday & Wednesday	\$2500 annually or \$250 per month			
Three-Year-Old Class	3days/week – Monday, Wednesday, Friday	\$2950 annually or \$295 per month			
Three-Year-Old Class	4days/week – Monday, Tuesday, Wednesday & Thursday	\$3500 annually or \$350 per month			
Four-Year-Old Class	3days/week – Monday, Wednesday, Friday	\$3250 annually or \$325 per month			
Four-Year-Old Class	5days/week – Monday-Friday	\$3750 annually or \$375 per month			
Sibling discount available	e - Please contact us for more information.				

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		

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Each three-year-old class will maintain a 8:1 ratio or less (max 14 children with 2 teachers)

Each four-year-old class will maintain an 9:1 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. please also turn in you childs immunization records prior to the fir

Registration Fee

We require a registration fee of \$100 to secure your child's place in the classroom. Your child is not considered registered until this fee is received, along with the registration form. The registration fee is non-refundable.

Tuition Payments

Our tuition is based on an annual tuition rate. You will have 2 options in paying your annual tuition.

- Monthly, electronically through Brightwheel
- · In full, electronically on Brightwheel

If you choose to make monthly payments, please note that all tuition payments are invoiced and paid through Brightwheel, our communication app, by the 1st of the month. Cash and checks cannot be accepted as tuition payment.

Please Note: Tuition payments are required regardless of illness, vacations or other personal reasons for absence, as stated and agreed upon in the tuition contract.

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Which class are you registering	for?					Today's D	ate:			
Three-Year-Old Class	2days/week -	- Tuesday &	Thursday, 9am-12pm			\$2500 ann	\$2500 annually or \$250 per month			
Three-Year-Old Class	3days/week -	- Monday, V	Nednesday, Fr	iday, 9am-	-12pm	\$2950 ann	ually or \$295	per month		
Three-Year-Old Class	4days/week – Monday, Tuesday, Wednesday, Friday, 9am-12pm					\$3500 ann	\$3500 annually or \$350 per month			
Four-Year-Old Class	3days/week – Monday, Wednesday, Friday, 9am-12pm					\$3250 ann	\$3250 annually or \$325 per month			
Four-Year-Old Class	5days/week – Monday-Friday, 9am-12pm				\$3750 annually or \$375 per mont					
Child's Full Name:					Date of Bir	th:				
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	DIV	ORCED SEPARATED W		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	ARRIED DIVO		SEPAR	ATED	WIDOWED	SINGLE	OTHER		
Please indicate any allergies yo	ur child has:	•			•		-			
Please indicate any custody arra	angements we	need to kn	ow about if you	ır child do	es not live in	the same home	e with both pa	rents:		
Please indicate siblings' names	and ages:									
Please indicate any information recent move, etc.) Use back if n		be helpful	to us in caring	for your c	nild (i.e: div	orce, recent tra	uma, special ı	needs,		
If new to Calvary, how did you h	ear about us?									
F	Reminder – \$10	0 registrati	on fee must ac	company	this registrat	on form.				
		(OFFICE USE	ONLY						
	\$100 Registration Fee Received					Brightwheel Account Set Up				