



Children of Faith

10.000 Spain Road NE Albuquerque, NM 87111 (505) 323-6400



2020-2021 Preschool Registration

Child's Name	Birth Date	Age
Parent(s)/Guardian(s) First and Last Name		
Street Address	City and State	Zip Code
Best Phone #	Email Address	

CIRCLE CLASS: Preschool Classes 9:00am—12:00pm 9:00am-1:00pm 9:00am-3:15pm

Registration Fee \$150.00 non-refundable enrollment fee must accompany this contract.
\$125.00 non-refundable enrollment fee for 2nd siblings only.

___ T/TH 2, 3 & 4 year olds Time_____

___ M/W/F 2 & 3 year olds Time_____

___ M/W/F 3 & 4 year olds Time_____

Choose your tuition discount:

___ Pre-pay tuition by July 9, 2020 & January 4, 2021 & receive a 3% discount
OR

___ Second sibling discount of 5%

NOTE: Due to current circumstances, we are no longer able to offer refunds on future full semester pre-payments discounted rates.

(over)

EXTENDED CARE CONTRACT

	<u>Blocks of Time</u>	<u>Circle</u> choice of Days Per Week
AM Extended care	8:15am - 9:00am	M T W TH F
Lunch Bunch	12:00am - 1:00pm	M T W TH F
PM Extended Care	12:00am - 3:15pm	M T W TH F

TUITION AGREEMENT

I agree that my child's monthly tuition and childcare fees are due by the 10th of each month. Payment types accepted are cash and check. If my payment is not received by the 10th, I will pay a **\$35.00 late charge** along with my regular payment. After the 10th, a reminder notice will be sent. If the account is not paid by the end of the month, my child will be disenrolled.

I understand that no reduction in tuition or make up days will be granted for illness, absences, vacations, or when the school is closed for holidays. I agree to pay for drop-in care that I have reserved for my child, even if my child does not attend. **I understand there are no refunds with the pre-pay option.**

In case I withdraw my child from the program, I agree to provide the center with written notification two weeks prior to withdrawal. If this notice is not given, I agree to pay two weeks tuition.

I understand that if my child is picked up late, I will be charged **\$20.00 for each 10 minutes.**

I have read, understand, and agree to the policies, procedures, and services of Children of Faith as outlined in the Parent Handbook.

Signature of Parent or Guardian financially responsible for child.

Date

Prior to the first day, each child is required to have a current immunization record on file.