



10000 Spain Road NE Albuquerque, NM 87111 (505) 323-6400

2021-2022

Preschool Registration

Child's Name	Birth Date	Age
--------------	------------	-----

Parent (s)/Guardian(s) First and Last Name

Street Address	City & State	Zip Code
----------------	--------------	----------

Best Phone #	E-mail Address
--------------	----------------

T/TH 2, 3, & 4 year old class

9:00am-12:00pm	\$200.00 per month
9:00am-1:00pm	\$250.00 per month
7:00am-3:15pm	add \$110.00 per month (adding extended care)
7:00am-6:00	add \$210.00 per month (adding extended care)

M/W/F 2 & 3 year old class or 3 & 4 year old class

9:00am-12:00pm	\$300.00 per month
9:00am-1:00pm	\$385.00 per month
7:00am-3:15pm	add \$110.00 per month (adding extended care)
7:00am-6:00pm	add \$210.00 per month (adding extended care)

Check Class Preference

Registration Fee \$155.00 non-refundable enrollment fee must accompany this contract.

\$130.00 non-refundable enrollment fee for 2nd siblings only. (50% off the registration fee if registering early for the 2021-2022 school year!)

_____ T/TH 2, 3, & 4 year olds Time _____

_____ M/W/F 2 & 3 year olds Time _____

_____ M/W/F 3 & 4 year olds Time _____

_____ 2nd sibling discount of 5%

EXTENDED CARE CONTRACT (Drop-In Rates: Rates are lower if you commit to a monthly schedule) *See Programs Offered and Tuition Rates Sheet



<u>Blocks of Time</u>	<u>Per Day</u>	<u>Circle choice of Days Per Week</u>
AM Extended Care	7:00am-9:00am	\$10.00 M T W TH F
Lunch Bunch	12:00pm-1:00pm	\$ 8.00 M T W TH F
PM Extended Care	12:00pm-3:15pm	\$ 20.00 M T W TH F
PM Extended Care	12:00pm-6:00pm	\$ 35.00 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. 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.

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 children not picked up from preschool by 10 minutes after their agreed upon dismissal time, they will automatically be enrolled in lunch bunch or extended care with the drop-in rates mentioned above. I agree to pay a late charge of \$20.00 for each 10 minutes if I am late to pick up my child after agreed upon dismissal time.

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.