



Katonah Playcare

Early Learning Center

PRESCHOOL REGISTRATION/APPLICATION AGREEMENT

2024-2025 School Year

.....
Child's Name:

Date of Birth: _____ Sex: Male / Female

Address: _____ Zip: _____

Number to use on class list: _____

Parent

Parent

.....
Name: _____

Name: _____

email: _____

email: _____

Mobile: _____

Mobile: _____

Place(s) of business:

Work phone: _____

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 |
| | 2 day program | Tuesday/Thursday | 12:00-2:30 |
| | | | |
| 3's | 3 day program | Tuesday / Wednesday / Thursday | 9:15-11:45 |
| | Optional 4th Day | Fridays | 9:15-11:45 |
| | 3 day program | Tuesday / Wednesday / Thursday | 12:00-2:30 |
| | | | |
| 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 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.

To register your child, please complete and return this form with a \$300 NON-REFUNDABLE AND NON-TRANSFERABLE 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 2024-2025 school year is as follows:

2 day \$4600 3 day \$5800 4 day \$6900 5 day \$7500

| | June 1st | October 1st | February 1st |
|----------------------|----------|-------------|--------------|
| 2 Day Program | \$1500 | \$1500 | \$1500 |
| 3 Day Program | \$1900 | \$1900 | \$1900 |
| 4 Day Program | \$2300 | \$2300 | \$2200 |
| 5 Day Program | \$2500 | \$2500 | \$2400 |

Tuition payment options:

- in full
- in three installments as shown on the schedule above
- in 10 monthly installments (June through March)

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