



Child's Name:	_____
Birth Date:	_____
Parent #1:	_____
Parent #2:	_____
Member:	Y / N

## **Gan Chaya Preschool Tuition Schedule 2020 - 2021**

*School Year: August 11, 2020 – May 28, 2021*

*Full Summer Program June 1- July 23, 2021*

Registration Fee.....\$100.00 plus first month's tuition to be used as your last month's payment (*non-refundable, due at enrollment*) **Due June 1<sup>st</sup> 2020**

**Space is limited; enroll soon to ensure your child's place.**

### **Preschool Programs & Fees**

Tuition is for the entire school year, divided into 10 equal payments for your convenience. When you enroll in our school, you pay for a monthly spot in the classroom. Tuition is due and payable regardless of attendance and is NOT prorated for absences, vacations, or holiday breaks. *Tuition is due on the **first of each month** unless other arrangements have been made.*

**Please check program you wish to enroll your child in.**

<b>Days</b>	<b>Hours</b>	<b>Members</b>	<b>Non -Members</b>
<input type="checkbox"/> Mon. Wed. & Fri. (3 full days)	8:00 am - 4:55 pm	\$555.00	\$570.00
<input type="checkbox"/> Mon. – Fri. (5 full days)	8:00 am - 4:55 pm	\$665.00	\$680.00
<input type="checkbox"/> Mon. – Fri. (5 half-days)	8:00 am - 12:30 pm	\$495.00	\$510.00
<input type="checkbox"/> <b>Toddler Tuition (1 year old)</b>	8:00 am - 4:55 pm	\$765.00	\$780.00

- **Late pick-up fee of \$15, plus \$1 per minute** will be charged for any child in school at **5:01pm**. Preschool ends at **4:55pm** everyday. The doors are **closed** at 5:00pm. All pickups must be completed by this time without exception.
- Monthly payments should be made by credit or debit card. Any other form of payment should be discussed with administration.

**Immunization Forms and Student Health Exams must be received before the 1<sup>st</sup> day of school. These can only be obtained at your pediatrician's office. Students will not be permitted in school without these.**

*Registration fees and first month's tuition are non-refundable. By registering, you are agreeing to maintain payment for the school calendar year.*

*I hereby confirm that the enrollment information provided is complete and accurate.*

*Signature*

*Date*

**Gan Chaya Jewish Preschool**  
**3696 Fisher Road, Palm Harbor, FL 34683 (727) 789-0408**