



**St. Catherine of Siena Early Childhood Education Center
Enrollment Options Form/Tuition Contract
2026-2027**

Student Full Name _____

DOB _____

Program enrollment ____ Preschool (birthdates between 9/30/22-8/31/23)
 ____ PreK (birthdates between 5/1/21-9/30/22)

Based on the program enrollment choice, please choose the days and hours below. Please note that PreK does NOT offer 3 half days

1. Private Pay Rates & Enrollment Choices

Half Day 8 AM-11 AM Full Day 8 AM- 3 PM	Registration Fee	Annual Tuition	Monthly Payment Amount Aug-May	Circle your preferred days
Preschool 3 Half Days-not offered to PK	\$125	\$2,750	\$275	M T W R F
Preschool or PreK 5 Half Days	\$125	\$3,800	\$380	M T W R F
Preschool or PreK 3 Full Days	\$125	\$4,150	\$415	M T W R F
Preschool or PreK 4 Full Days	\$125	\$4,850	\$485	M T W R F
Preschool or PreK 5 Full Days	\$125	\$6,000	\$600	ALL

2. Please let us know how you would like to pay below

In the last 12 months, has your child received childcare benefits through JFS or DCY? Y N

Please indicate the form of payment for tuition. Check all that apply. Please note that your account will be charged at the private pay rate until we received a notice of approval for the other forms of payment listed below.

- Private pay
- I am applying for PFCC/JFS, an Early Childhood Grant or Child Care Choice
- My child(ren) are already approved for publicly funded childcare benefits
- Payment in full
- Tuition Express - automatic withdrawal (credit card, checking, savings)
- Other _____

Please Complete the Back Side

Tuition Contract/Policies

Extended Day is a program designed to help families who are working or going to school and need care for their child outside of school hours. Extended Day opens at 6 AM and closes at 7:45 AM. It reopens at 3 PM until 6 PM. I acknowledge that if my child utilizes the Extended Day program, this service is billed separately at a rate of \$8 per hour used. I agree to keep current on any charges accrued to this account or risk not being able to utilize this service or possibly being dismissed from the school. I acknowledge that the Extended Day program closes at 6 PM. It is my responsibility to pick my child(ren) up by this time. **Any late pick up will be billed as listed below and must be paid prior to utilizing the Extended day program again.**

Late pick up fees* after 6 PM for ALL students regardless of tuition payment method are as follows:

1. First late pick is \$1/minute until 6:30 PM. After 6:30 PM the fee increases to \$2/minute
2. Second late pick up is an automatic \$25 fee plus \$1/minute until 6:30 PM. After 6:30 PM the fee increases to \$2/minute
3. Third late pick up is an automatic \$25 fee plus \$2/minute until 6:30 PM. After 6:30 PM, the fee increases to \$3/minute and your child may no longer utilize the PM extended day services for 4 weeks.

*Late pick up fees Initial your choice below

_____ I have school or work that will necessitate utilizing the Extended Day service and acknowledge the associated fees and operational times.

_____ I will not be using the Extended Day on a regular basis but know I can use it when running late or for appointments. I acknowledge the associated fees and operational times.

Account balances

I acknowledge that my account must be kept current or my child may lose his/her enrollment spot at St. Catherine Early Childhood Education Center. I acknowledge that the St. Catherine Early Childhood Education Center operates on a school year calendar. **No credit will be offered for absences due to illness or inclement weather.** I recognize that my monthly payment amount may change if I do not make timely payments or if my monthly payments are paid in advance.

I have read the tuition contract and agree to pay the required tuition fees.

Signature

Date

Relation to child

Those applying for and/or utilizing the benefits of Publicly Funded Child Care, Childcare Choice and ECE Grant programs please read and sign below.

I acknowledge that it is my responsibility to accurately record my child's attendance according to the method being utilized by JFS/DCY. I acknowledge that if I fail to record my child's attendance accurately and in a timely manner, I will be required to pay for the time used under the private pay rates. I further agree to pay any weekly required copayments set by JFS/DCY to St. Catherine Early Childhood Education Center by the end of each week. I agree that I am required to private pay any charges accrued due to late Extended Day pick up or failure to log for regular time used.

Signature

Date

Relation to child

