

**Trinity Episcopal Learning Center
215 St. George Street
St. Augustine, Florida 32084
904-824-2876**

Tuition is priced annually but can be divided into 10 monthly payments. A 3% discount will be given if paid in full by September 1, 2020

___ 2 & 3 year olds 8:30AM – 2:30PM (Enrichment activities included)

Registration Fee \$75.00 Annually

___ 2 Days (Tuesday & Thursday)	\$325/Monthly	or	\$3,250/Annually
___ 3 Days (MWF)	\$425/Monthly	or	\$4,250/Annually
___ 5 Days (M-F)	\$590/Monthly	or	\$5,900/Annually

___ Voluntary PreK Program

___ Monday – Thursday 8:30-12:30 – Free

Enrichment Program – Spanish, Sign Language, Exercise, Cooking, Science and Field Trips

___ Monday – Thursday 12:30-2:30 \$210/Monthly
___ Fridays 8:30-2:30 - \$180/Monthly
___ Monday – Thursday 12:30-2:30 & Fridays 8:30-2:30 \$390/Monthly

Drop in Rates \$50 Per Friday 8:30-2:30

___ Extended Care 2:30-4:30 includes free play or child directed activities

___ 1 Day per week \$60/Monthly
___ 2 Days per week \$115/Monthly
___ 3 Days per week \$150/Monthly
___ 4 Days per week \$196/Monthly
___ 5 Days per week \$240/Monthly
Drop in Rate \$20 per visit

I understand I am making a financial and contractual commitment to participate in Extended Care at a minimum of the days selected above. I understand I will be responsible for the payment for the entire school year.

Signature

Date

Student Registration

STUDENT INFORMATION:

Legal Name _____ Birth date _____
Last First Middle
Home Address _____ Code _____ Zip _____ Telephone Number _____
Student lives with: _____ Both Parents _____ Mother _____ Father _____ Step parent

FAMILY INFORMATION:

Father's Name _____ Cell Number _____
Work Number _____
Employer _____
Mother's Name _____ Cell Number _____
Work Number _____
Employer _____
Family E-Mail _____

Are you connected to a church? _____

Would you like information about Trinity? _____

MEDICAL INFORMATION:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor _____ Phone _____

Hospital Preference _____

Any allergies, special Medical or dietary needs:

****Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of the first day of school.**

****Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility". This form is available on our website.**

HELPFUL INFORMATION:

Please provide any information about your child that you would like for us to know:

Enrollment Agreement

_____ **Registration Fee:** An annual, non-refundable Registration Fee of \$75 is due upon registering my child for all non VPK programs. A \$25 non-refundable Registration Fee is due from any VPK student participating in Extended Care.

_____ **Deposit:** A non-refundable, one month deposit is due upon registration and will be applied to the last tuition due for that school year.

_____ **Tuition:** Tuition payments are due on the first of the month and will be subject to a late fee if received after the 10th of the month. The tuition cost is per year but can be made in monthly installments with a yearly commitment. I understand if I withdraw my child prior to the end of the school year I will be responsible for the remaining monthly payments.

_____ **Sibling Discounts:** Any non VPK students with siblings are eligible for a 10% discount. The discount will be deducted from the lowest tuition.

_____ **Payment in Full:** A 3% discount will be given for any tuition paid in full by September 1, 2020

_____ **Late Pick up:** A late pick up fee of \$1.00 per minute will be charged for any late pick up after 12:30/2:30/4:30.

I understand I am making a yearly commitment to Trinity Episcopal Learning Center and I will be held financially liable for the full year's tuition.

Signed

Date