

GREEN PINES WEEKDAY PRESCHOOL REGISTRATION FOR 2024-2025

Name of Child: _____ Male: ___ Female: ___ DOB: _____

Parents Name: _____ Phone: _____

Address: _____

E-Mail: _____

*Each child will be charged a one-time, non-refundable, registration fee at the time of enrollment.
Families registering multiple children are eligible for a \$25 per month tuition discount for each additional child.*

<p style="text-align: center;">One-Year-Old 9:00am – 12:30pm</p> <p>___ 2 Days: M,W <i>Registration Fee \$250</i> <i>Monthly Tuition \$250</i></p> <p>___ 2 Days: W,F <i>Registration Fee \$250</i> <i>Monthly Tuition \$250</i></p> <p>___ 3 Days: M,W,F <i>Registration Fee \$275</i> <i>Monthly Tuition \$275</i></p> <p><i>Child must be one year old by 8/31/24</i></p>	<p style="text-align: center;">Two-Year-Old 9:00am – 12:30pm</p> <p>___ 2 Days: T,TH <i>Registration Fee \$250</i> <i>Monthly Tuition \$250</i></p> <p>___ 3 Days: M,W,F <i>Registration Fee \$275</i> <i>Monthly Tuition \$275</i></p> <p>___ 5 Days: M-F <i>Registration Fee \$340</i> <i>Monthly Tuition \$340</i></p> <p><i>Child must be two years old by 8/31/24</i></p>	<p style="text-align: center;">Three-Year-Old 9:00am – 12:30pm</p> <p>___ 3 Days: M,W,F <i>Registration Fee \$275</i> <i>Monthly Tuition \$275</i></p> <p>___ 4 Days: M-Th <i>Registration Fee \$310</i> <i>Monthly Tuition \$310</i></p> <p>___ 5 Days: M-F <i>Registration Fee \$340</i> <i>Monthly Tuition \$340</i></p> <p><i>Child must be three years old by 8/31/24</i></p>
<p style="text-align: center;">Pre-K 9:00am – 1:00pm</p> <p>___ 5 Days: M-F <i>Registration Fee \$380</i> <i>Monthly Tuition \$380</i></p> <p><i>Child must be four years old by 8/31/24</i></p>	<p style="text-align: center;">After-Care 12:30pm – 1:00pm</p> <p>___ 2 Days - \$40/month</p> <p>___ 3 Days - \$50/month</p> <p>___ 4 Days - \$60/month</p> <p>___ 5 Days - \$70/month</p>	

* Green Pines Weekday preschool reserves the right to cancel a classroom if there is not enough demand. In this case, families will be notified as soon as possible and will receive a full refund of the registration fee.

Signature: _____ **Date:** _____

Office-use Only

Registration Fee Received by: ___ Online Payment ___ Check ___ Cash Date: _____