



3106 E Carmel Drive  
Carmel, IN 46033  
317-846-6860 (office) 317-844-0984 (fax)

**Application for Transitional Kindergarten Program 2019-2020**  
(Child must be 4 ½ by Sept. 1, 2019)

Child's Name: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Parent/Guardian 1: \_\_\_\_\_ Cell: \_\_\_\_\_

Parent/Guardian2: \_\_\_\_\_ Cell: \_\_\_\_\_

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\_\_\_\_\_ Monday/Wednesday/Friday \$280.00/month

\_\_\_\_\_ Monday/Wednesday/Thursday/Friday \$325/month + \$25 supply fee

Classes are in session 9:00-1:00. Children will bring a lunch and eat at school

\*\*\*St. Peter's Preschool is a peanut/tree nut-free school\*\*\*

**Please List Allergies or Medical Conditions we need to know about & Medications Required:**

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## Financial & Enrollment Agreement

Please initial each section listed below, then sign and date at the bottom.

\_\_\_\_\_ REGISTRATION FEE: I agree to pay the \$100 non-refundable registration fee (per child), that accompanies this completed form. I understand that classes are subject to adequate enrollment.

\_\_\_\_\_ PROGRAMMING FEE of \$100 (per family) is due at the time of registration. This fee is non-refundable.

\_\_\_\_\_ PAYMENT OF TUITION: I agree to pay the monthly tuition by the first of every month. Tuition received after the 1st of the month will be assessed a \$15.00 late charge.

\_\_\_\_\_ LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$15.00 per month that tuition is not received. I understand that if my account is delinquent for more than one month, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

\_\_\_\_\_ LATE PICK-UP: I understand that if I fail to pick up my child by the scheduled pickup time, I will be charged a late fee of \$10.00 after 3 late pick-ups.

\_\_\_\_\_ RETURNED CHECKS: I understand that a processing fee of \$40 will be charged to my account for all checks which are returned for any reason.

\_\_\_\_\_ ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly. I will follow the procedures outlined in the Parent Handbook for bringing my child to school following an illness. I understand that tuition payments are not adjusted for sick/missed days.

\_\_\_\_\_ WITHDRAWAL FROM PROGRAM: I understand that I must provide a written notice prior to the 1st of the month of withdrawal from the program. If this notification is not provided, I agree to pay all tuition whether or not my child attends. I understand that when my child is withdrawn, he/she will only be eligible for re-admission based upon space availability.

\_\_\_\_\_ HOLIDAYS: I understand that the school is closed according to Carmel Clay School holiday calendar. I understand that tuition payments are not adjusted for holidays.

\_\_\_\_\_ INCLEMENT WEATHER: I understand that the school follows Carmel Clay School system when it comes to closing for inclement weather. A two-hour delay will result in the preschool beginning at 10:30 am and ending at 1:00pm. Tuition is not adjusted for missed or delayed days.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Name (Printed): \_\_\_\_\_ Date: \_\_\_\_\_

Office Use:

Date Received: \_\_\_\_\_ Registration fee paid: \$ \_\_\_\_\_

