

**FEE SCHEDULE
PRESCHOOL TUITION
2024-2025**

PLEASE NOTE: TUITION ONLY- DOES NOT INCLUDE CHILD CARE

Class	Hours	Annual Tuition	Semester	Quarterly*	Monthly (8 months)
2 Day 2's	9:00-12:00	\$2536	\$1268	\$634	\$317
3 Day 3's	9:00-12:00	\$3184	\$1592	\$796	\$398
5 Day 3's	9:00-12:00	\$4920	\$2460	\$1230	\$615
5 Day 4's	9:00-12:00	\$4920	\$2460	\$1230	\$615
Pre-K/ Kindergarten (older 4's and 5's)	3 days from 9:00-3:00 two days from 9:00-12:00	\$6960	\$3480	\$1740	\$870

Semester payments (2) will be due August 15th and January 15th .

Quarterly payments (4) will be due August 15th , November 15th , January 15th , and March 15th .

Monthly payments (8) will be due on August 15th , September 15th , October 15th , November 15th , December 15th , January 15th , February 15th , and March 15th .

Extended Care Fees

Extended Care charges are in addition to the Preschool Tuition. Charges are computed at a daily rate.

Early Drop-Off only	7:30-9:00 a.m.	\$14 per day
Lunch Bunch	12:00-3:00 p.m.	\$22 per day
All Day Care	7:30-9:00 a.m. and 12:00-5:30	\$30 per day
Extra Days		\$50 per day

FULL TIME CARE CHARGES

*These fees are based on combining tuition and child care expenses and dividing the cost into 9 monthly payments. You do not need to refer to the tuition only chart.

Our Five-day Twos program is for two-year olds and young threes who need full time care. The cost of this program will be \$1240 per month. This is a year-round program. The same rate will apply during the summer months until September 1, 2024.

When possible, parents who need full time care less than five days a week, may be paired with another parent who also needs care less than five days a week. The cost for the program will then be pro-rated for each parent.

2 Full Days	\$496 (\$500)
3 Full Days	\$744 (\$750)

The fee for full time care will be \$1125 per month. This rate applies for 3 and 4 year old children.

4 days per month for 9 months

The fee for full time Pre-K/Kindergarten students will be \$1155 per month. This program provides additional structured learning in the afternoons. This program is for older fours (fall and winter birthdays).

Other Charges:

Annual Activity Fee:

This fee is paid at the beginning of the school year and helps to cover the cost of music (all classes) and Spanish classes (Four-year old classes only).

Date Received _____
Check Number _____
Acceptance Letter _____
Waiting List _____

Forms Emailed _____
Deposit Rec. _____

GOVANS PRESBYTERIAN PRESCHOOL

Registration Form

Please complete the following registration information and return it with the \$90 registration fee to ensure a space for your child. This registration fee is **non-refundable** and will not be returned if you choose to withdraw your application. Enrollment in the Preschool is open to all children regardless of race, religion, color, national origin, gender, and special needs.

Child's Name _____ Sex ____ Date of Birth _____

I wish my child to be enrolled in the following:

Preschool Program Mornings Only (9:00 to 12:00) with Extended Day Option as Needed
Please indicate choice of days where applicable. Both the PreK 4's and PreK/K are five-day programs and there is no option to choose days.

_____ 2 Day 2's (Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____)

_____ 3 Day 3's (Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____)

_____ 5 Day 3's

_____ Pre-K 4's (young 4's-spring and summer birthdays)

_____ PreK/K (older 4's includes 3 days until 3:00-fall and winter birthdays)

Please indicate preference for the 3 long days.

(Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____)

Full Time Programs (7:30-5:30 Includes Preschool, Before Care and After Care)

_____ 5 days 2's (Please select the following options. _____ 2 days _____ 3 days _____ 5 days)
(Mon. ____ Tues. ____ Wed. ____ Thurs. ____ Fri. ____)

_____ 5 day 3's _____ 5 day 4's _____ PreK/K

First Parent's Name: _____

Home Address: _____

_____ Zip _____

Home Phone _____ Cell Phone _____

Email address (print carefully) _____

Parent's Business Address _____

Work Phone _____

Second Parent's Name: _____

Home Address: _____

_____ Zip _____

Home Phone _____ Cell Phone _____

Email address (print carefully) _____

Parent's Business Address _____

Work Phone _____

Extended Hours you expect to need on a regular basis: (Extended Hours are rendered at an additional cost beyond preschool care.)

Days: _____ Time: _____

Revised 1/2/24