

Isle of Hope Preschool

Fees for 2012-2013

Registration Fee (\$175.00 for the first child and \$125.00 for each additional child in the family) - **Due with registration and is not refundable** unless we do not have a place for your child when school begins in September.

Supply Fee \$200.00 **Due May 1, 2012 and is not refundable.**

Tuition

Cherubs—These children must be four by September 1.

Five days a week. \$240.00 per month. (M-F)

Tots— These children must be three by September 1.

Three days a week. \$165.00 per month. (M, Tu, Th)

Pee Wees— These children must be two by September 1.

Two days a week. \$125.00 per month. (T/Th or W/F)

Tuesday /Thursday class is for siblings of 3 year old enrolled at IOH.

Extended Session

Extended session is offered on Tuesday and Thursday, 12:00—2:00 for 3 and 4 year olds.

1 day a week— \$30.00 a month or based on number of possible days

2 days a week— \$60.00 a month or based on number of possible days

Payment should be included in your monthly tuition check for extended session.

Applications accepted beginning the first working day in January. Applications are processed in the following order: (a) present students who are returning (b) waiting list students (c) brothers and sisters of present students (d) children of Isle of Hope United Methodist Church members and (e) “first come” basis. Presently enrolled students have until January 31 to enroll without losing their place.

If you have any questions, contact Wez Childers, director. Applications can be picked up at the church office, Wez Childers’ classroom, requested by phone at 355-8527 (church), or Wez’s home (354-1240).

Age Group ___ 2012-2013
Re-enrollment Yes ___ No ___
Brother/Sister in program now Yes ___ No ___
Waiting list Yes ___ No ___

Date of Application _____
Date and Time Received _____

Isle of Hope Preschool Registration Form

Full Name of Student _____ Male/Female _____

Age _____ Birthdate _____ Name called _____

Home Address _____ Zip _____

E-mail Address _____

Home Phone _____ Business Phone _____ Cell Phone _____

Father's Name _____ Occupation _____

Mother's Name _____ Occupation _____

Name and phone numbers of persons to call in an emergency (other than mom/dad)

1. _____

2. _____

Church Affiliation _____

Name of Physician _____ Phone _____

Does your child have any diseases, fears, phobias, allergies, special problems? List:

Brothers names and ages _____ School _____

Sisters names and ages _____ School _____

Pets _____

Registration Fee: (\$175.00 for first child and \$125.00 for each additional child in the family)

Due now and is not refundable.

Supply Fee: \$200.00 **Due May 1, 2012 and is not refundable.**

I agree to the above policy for refunds of fees. _____

Parent or guardian signature

Tuition: Due the first of each month, September through May.

Extended Session: Due the first of each month with tuition, September through May

Amount paid with registration _____ Confirmed _____

Make checks payable to Isle of Hope Preschool. Mail this form and fee to Mrs. Wez Childers
8521 Elmhurst Court, Savannah, Ga. 31406, or return to the Preschool or church office.