



**TUITION & RELEASE FORM 2020-2021**

Child's Name \_\_\_\_\_  
   **First**  **Middle**  **Last**

Child's Date of Birth \_\_\_\_\_

**Preschool Class: 9:00 a.m. to 3:00 p.m.**

	<b>Weekly Payment Option First Payment Due August 1<sup>st</sup></b>	<b>Monthly Payment Option 10 Monthly Payments Beginning August 1<sup>st</sup> Due the 1<sup>st</sup> of Every Month</b>
<b>Tuesday/Thursday class:</b>	<b>\$75.00</b>	<b>\$300.00</b>
<b>Monday/Wednesday/Friday class:</b>	<b>\$105.00</b>	<b>\$420.00</b>
<b>Monday – Friday class: five day curriculum:</b>	<b>\$155.00</b>	<b>\$620.00</b>

**Before School: 8:00 a.m. to 9:00 a.m./ After School: 3:00 p.m. to 4:00 p.m.**

<b>Daily Rate: Before School</b>	<b>\$10.00</b>	
<b>Daily Rate: After School</b>	<b>\$10.00</b>	
<b>Weekly Rate Before &amp; After School</b>	<b>\$60.00</b>	<b>\$240.00</b>

**Name of persons authorized to bring the child to school:**

<b>Name</b>	<b>Relationship</b>	<b>Tel#</b>

**Name of persons authorized to pick up the child:**

<b>Name</b>	<b>Relationship</b>	<b>Tel #</b>

**Please sign permission for your child:**

**To be Screened using the Ages&Stages Screening and Assessed using the Connecticut Early Learning and Development Standards to track your child's progress throughout the school year.**

**To be photographed during school activities AND used on social media/website.**

**To be listed on a class list with your contact information and distributed to their classmates.**

**Torrington Preschool Center's Discipline Policy has been discussed, read and received by me.**

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Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_



**REGISTRATION FORM**

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_ HOME TEL \_\_\_\_\_

MOTHER/GUARDIAN \_\_\_\_\_ CELL \_\_\_\_\_

WORK- PLACE \_\_\_\_\_ WORK TEL \_\_\_\_\_

WORK-PLACE ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

FATHER/GUARDIAN \_\_\_\_\_ CELL \_\_\_\_\_

WORK-PLACE \_\_\_\_\_ WORK TEL \_\_\_\_\_

WORK-PLACE ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

**IN CASE OF EMERGENCY: AUTHORIZED PERSONS WHO HAVE PERMISSION TO PICK UP CHILD IF PARENT or GUARDIAN CANNOT BE REACHED:**

1. \_\_\_\_\_ PHONE \_\_\_\_\_

2. \_\_\_\_\_ PHONE \_\_\_\_\_

Physician: \_\_\_\_\_ PHONE \_\_\_\_\_

**I agree to pay the annual non-refundable Registration fee of \$150.00.**

**I acknowledge my total annual Preschool School Tuition is \$ \_\_\_\_\_ per year.**

**I choose the following payment arrangement: (you must select one and fill in the amount)**

**I agree to pay the tuition in ten monthly installments in the amount of \$ \_\_\_\_\_ monthly.**

**I agree to pay the weekly tuition every Sunday in the amount of \$ \_\_\_\_\_ weekly.**

**I acknowledge there will be a \$25.00 late fee if payment is not received by the 5<sup>th</sup> of the month.**

**I agree to pay a \$25.00 penalty fee for each late weekly payment not received by Sunday evening .**

**I agree to give a minimum of 30 days notice to withdraw my child from the program. If 30 days notice is not given I will agree to pay a penalty of one month's tuition.**

**I further agree that in case of accident or injury, emergency medical care may be given to the child by authorized staff in the event that I cannot be contacted immediately.**

Emergency Care Hospital: \_\_\_\_\_ Emergency Care Transportation: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



**DEVELOPMENTAL HISTORY FORM**

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

Any known allergies (food, medicines, insects, animals)? \_\_\_\_\_

Does the child have special health concerns or dietary restrictions? \_\_\_\_\_

Does the child have any hearing, vision or motor concerns? \_\_\_\_\_

Does the child have any cognitive, language, social or emotional concerns? \_\_\_\_\_

Does the child have any specific fears? \_\_\_\_\_

Can the child be relied upon to indicate his/her bathroom needs? \_\_\_\_\_

Has the child had experience playing with other children? \_\_\_\_\_

Do you feel the child will adjust easily to school? \_\_\_\_\_

Has the child had any previous school experience, if so where did they attend? \_\_\_\_\_

What is child's: Bedtime \_\_\_\_\_ Naptime \_\_\_\_\_

What method of discipline is used at home? \_\_\_\_\_

Describe the child's: Primary language \_\_\_\_\_ Race/Ethnicity \_\_\_\_\_

Describe the family's: primary language, culture, customs and traditions, and religious beliefs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List names, relationships, and birthdates of all brothers, sisters, and members of the child's usual household, including pets.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have there been any major changes in the family structure such as separation or divorce?

\_\_\_\_\_

What activities do the child and family enjoy?

\_\_\_\_\_  
\_\_\_\_\_