



TUITION & RELEASE FORM 2021-2022

Child's Name _____
First Middle Last

Child's Date of Birth _____

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

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

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

Daily Rate: Before School	\$10.00	
Daily Rate: After School	\$10.00	
Weekly Rate Before & After School	\$60.00	\$240.00

Name of persons authorized to bring the child to school:

Name	Relationship	Tel#

Name of persons authorized to pick up the child:

Name	Relationship	Tel #

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.

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 5th 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?
