



TRINITY- FIRST WEEKDAY SCHOOL

2017-2018 SCHOOL YEAR

(August 21, 2017 - June 1, 2018)

ENROLLMENT CONTRACT

PRE-KINDER

(4yrs. on or before Sept. 30th)



Registration Fee/Supply Fee: (All Reg. Fees Non-Refundable)	\$350
Before March 31 Early Registration:	\$250
Deposit of \$100 will hold the Early Registration Discount	
Early Morning: 7:30am-8:30am	\$3.25 per hour or portion of hour
Pre-Kinder Tuition	8:30- 11:30am \$250
After School Enrichment: 11:30am- 5:30pm	\$3.25 per hour or portion of hour
Pre-Kinder Extended Tuition	8:30- 2:30pm \$425*
Pre-Kinder ASE: 2:30pm-5:30pm	\$3.25 per hour or portion of hour
*November and March (\$385), December (\$330)	
Tuition Due- 1 st five business days of the month- \$15 late fee	



- Specializing in Early Childhood since 1952 (65 yrs.)
- 50/50 Dual Language Facility (Spanish and English)
- Licensed Time to Sign Center- incorporating ASL throughout
- Only Faith Based Program Accredited by the National Association for Education of Young Children
- Siblings enrolled receive a second child discount of \$10/mo.
- Discounts: Siblings, Military, and Church Members \$10/per mo.- \$20 max. discount
- Full registration payment must be received by June 30, 2017. Otherwise, placement will be revoked and placed on waiting list. Admission is not complete until full registration fee is paid.
- Bookkeeper- 915-533-2674 ext. 17

Day School Director: Mrs. Letty Ruvalcaba 533-2674 ext.23 letty@trinity-first.org

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I understand that the registration/supply fee is non-refundable. If for any reason my child does not complete the full year, I will give the Director notice by the 15th of the current month. Otherwise, the following month's tuition will be applicable.

Signature _____ Date _____

Child's Name _____ DOB _____

Parents/ Guardians: _____

Mom Cell: _____ Mom Work: _____

Dad Cell: _____ Dad Work: _____

Address: _____ Zip: _____

Text Message: Yes or No Carrier (i.e. ATT, T-Mobile) _____

E-mail: _____ Notices to E-mail: Yes or No

Initial One: Morning only (ASE optional) _____ Extended (2:30p.m. daily, grace till 2:45p.m.) _____

Office Only- Reg. / Supply Fee
\$ _____ placed as deposit
_____ Date
(Initials) _____
Date Total Complete _____
To be paid in full by June 30, 2017

Full registration payment must be received by June 30, 2017. Otherwise, placement will be revoked and added to the waiting list. Initials _____