

GOOD SHEPHERD EARLY CHILDHOOD CENTER

Irvington Presbyterian Church
25 North Broadway, Irvington, NY 10533
914-591-4104

Mandy.Landivinec@irvingtonpresbychurch.org

CONTRACT & REGISTRATION – 2020-2021

Child's name _____ Boy/Girl _____ DOB _____

This contract, dated _____, shall be between the Good Shepherd Early Childhood Center and

Mother/Guardian _____ e-mail _____

Occupation _____ Cell Phone _____

Father/Guardian _____ e-mail _____

Occupation _____ Cell Phone _____

Home Address _____ Home Phone _____

City, State. Zip _____

Enrollment (please indicate 1st & 2nd choice)

2's – 2 mornings/week (9:30-11:30)	Total:	\$3,914
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- _____ Monday/Wednesday or _____ Tuesday/Friday
- Deposit \$400 + \$100 registration fee
- Remaining tuition to be paid in thirds of \$1,138 in February, May and August 2020.

3's – 3 mornings/week (9:00-11:45)	Total:	\$4,938
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- _____ Monday/Wednesday/Thursday or _____ Tuesday/Thursday/Friday
- Deposit \$500 + \$100 registration fee
- Remaining tuition to be paid in thirds of \$1,446 in February, May and August 2020.

3's – 5 mornings/week (9:00-11:45)	Total:	\$6,782
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- Deposit \$700 + \$100 registration fee
- Remaining tuition to be paid in thirds of \$1,994 in February, May and August 2020.

4's – 5 mornings/week (9:00-11:45)	Total:	\$6,782
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- Deposit \$700 + \$100 registration fee
- Remaining tuition to be paid in thirds of \$1,994 in February, May and August 2020.

A limited amount of tuition assistance is available by application.

Early Bird Special

Register by December 16th and pay last year's tuition (\$3,857, \$4,866, and \$6,680 respectively)

Conditions

Enrollment is for the full school year beginning in September and ending in June. All fees and tuition payments are non-refundable except, if in the opinion of the director, the continuance of a child at the school is not in the best interest of either the child or the school.

Medical Policy

An annual physical exam, signed and dated by the physician and indicating up-to-date immunizations and screening must be on file **before a child can begin school**. School staff and families will be the only ones with access to a child's medicals unless otherwise indicated.

Accepted and agreed to:

Parent's Name (Please Print) _____

Date _____ Parent's Signature _____

G.S.E.C.C. Authorized Signature _____

F.Y.I. -- Make check payable to **Irvington Presbyterian Church**, no credit cards accepted. Nursery School fees may be eligible expenses for childcare tax credits, according to Internal Revenue Service regulations. Check with your accountant or IRS to determine eligibility. **Our Federal ID # is: 13-1740280.**

OFFICE USE:

	\$	Check #:	Date:
Registration Fee Rcvd.	\$		
Advance Tuition Rcvd.	\$		
February Payment Rcvd.	\$		
May Payment Rcvd.	\$		
August Payment Rcvd.	\$		

_____ Payment Plan (attach approval)
