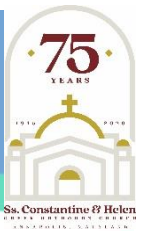




Ss. Constantine & Helen Preschool



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Preschool Registration Form – 2024-2025 Academic Year

PART I: Student Information

Student's Name: _____
Last First Middle

Nickname: _____ Gender: _____ Date of Birth: _____ Age: _____

Father/Guardian Name:	Mother/Guardian Name:
_____	_____
Home Address: _____	Home Address: _____
_____	_____
Home Phone: _____	Home Phone: _____
Cell Phone: _____	Cell Phone: _____
Occupation: _____	Occupation: _____
Employer: _____	Employer: _____
Work Phone: _____	Work Phone: _____
E-mail address: _____	E-mail address: _____

Student resides with: _____

Siblings:

Name: _____ Age: _____
Name: _____ Age: _____

Name: _____ Age: _____
Name: _____ Age: _____

PART II: Program Selection

Please complete the following information for program selection. **Note: children MUST BE toilet trained to attend school.**

1. **Age Group:** Please select the age group in which you wish to enroll your child:

	OLDER 2 <i>(Three by December 1)</i>	THREE <i>(Three by Sept.1)</i>	FOUR <i>(Four by Sept. 1)</i>
Check one			

2. **Program:** Please select a half or full day program and the number of days per week you wish to enroll your child.

	HALF Day - Morning <i>(9:00 – 12:00)</i>	FULL Day <i>(9:00 – 3:00)</i>
2 Days/week <i>(T/TH)</i>	_____ \$3,000 /Year	_____ \$4,150/Year
3 Days/week <i>(M/W/F)</i>	_____ \$3,750	_____ \$5,800
5 Days/week <i>(M-F)</i>	_____ \$5,000	_____ \$8,750

3. **Applicable Discounts** (Check all that apply. Maximum discount per child is 10%):

- _____ 5% Discount Military/First Responder/Police Officer/Fireman
(Required: Copy of identification)
- _____ 5% Discount Sibling
- _____ 5% Discount Stewards of Ss. Constantine & Helen Church in Good Standing
(Required: Letter from parish priest)

Has your child attended school before?

_____ Yes If yes, where? _____
_____ No

Does your child have any special needs? (E.g., visual, speech, language, hearing, emotional, behavioral, etc.)

_____ Yes If yes, please explain. _____
_____ No

Does your child have an IFSP/IEP or is he/she receiving related services?

_____ Yes If yes, please explain and provide a copy. _____
_____ No

PART III: Before/After Care and Lunch Bunch (if applicable)

Please indicate below which program, if applicable, you would like to enroll your child. (Note: Discounts do not apply to these services.) Families may also use these services on an as-needed basis; please give 24-hour notice.

	Before Care 8:00 AM – 9:00 AM All Enrolled students \$11 per diem	After Care 3:00 PM – 4:00 PM Full day students only \$11 per hour	Lunch Bunch 12:00 PM – 12:30 PM Half day students only \$11 per diem
2 Days/week	_____ \$880/year	_____ \$880/year	_____ \$880/year
3 Days	_____ \$1,320	_____ \$1,320	_____ \$1,320
5 Days	_____ \$2,200	_____ \$2,200	_____ \$2,200

PART IV: Uniform Order

Students are required to wear SSCH Preschool uniform shirts. Please indicate the number of shirts you would like to purchase of each size, color, and sleeve length. Uniform payment is made through our online billing app, Lilio (see Part V).

	Short Sleeve (\$18)		Long Sleeve (\$20)	
	Blue	White	Blue	White
Extra Small (Size 4)				
Small (Size 6-8 Youth)				

PART V: Payment Policies

Registration

A registration fee and the last month's tuition (including Lunch Bunch and Before/After Care) are due at the time of this application in order to secure placement in the program. The registration fee for new students at SSCH Preschool is \$135. The fee is \$85 for returning students and siblings. Invoicing and payment are made through the Lillio app (formerly HiMama. See below). **The registration fee and last month's tuition are non-refundable.**

Waitlist

This registration form, along with a non-refundable registration fee of \$135 is required to place your child on our waitlist should the desired program be full at the time of registration.

Payment Schedule

Please select payment schedule below.

_____ Monthly

Yearly tuition divided into 10 equal payments, September-June. Monthly tuition is due 30 days **prior** to month due (e.g., October's tuition is due on September 1st). An account that is one month overdue may result in your child being dropped from our enrollment.

_____ Yearly

A single, full payment up front. This option includes a 5% pre-payment discount. Payment is due by August 1st.

Payment Method

Invoicing and payment are made through our online billing app, Lillio (formerly HiMama). An invitation to join Lillio will be sent via email upon receipt of this registration form. Please confirm your payment method below and upload your payment information into the Lillio app. Important: Autopayment feature is **required** to be **ON**.

_____ **Bank Transfer** (A \$0.60 bank fee applies.)

_____ **Credit Card** (A 2.9% credit card transaction fee applies.)

Late Payment Fee

A \$100 late payment fee will be assessed for tuition invoices that fail to process through the bank or credit card.

Refunds & Withdrawals

As mentioned above, the registration fee and last month's tuition due at the time of registration are non-refundable.

Notice of withdrawal must be given at the beginning of the month prior to month you wish to withdraw in order to receive refunds on tuition. The month during which a withdrawal notice is provided IS NOT refundable. If less than one month's notice is provided, then the next month's tuition is forfeited.

Potty-Training or Other Behavior Refunds

Should your student be asked to stay home due to potty-training or other behavioral concerns, you may choose to continue paying the tuition to reserve your child's space in the program until he/she is ready to return, or you

may withdraw the student completely from the school and forfeit your child's spot. If your student is asked by the school to withdraw, the one month's notice required for a refund is waived. The month during which the student is asked to stay home is non-refundable.

PART VI: Signature

By signing below, I have read and agree to all stipulations of the payment policies outlined in this registration form.

Parent Name: *(please print)* _____

Parent Signature: _____ **Date:** _____

How did you hear about Ss. Constantine & Helen School? _____