



**Greek Orthodox Church of Our Saviour Preschool
2195 Westchester Avenue East
Rye, New York 10580
(914) 967-1675**

**Tuition Schedule
2026-2027**

	<u>3 Days</u>	<u>3 Day Graduated</u>	<u>5 Day</u>
<u>BASIC TUITION (9AM – 12NOON)</u>			
Non-refundable deposit due with application	\$1,400*	\$ 1,700*	\$ 1,800*
First Payment due 6/1/25	\$1,700	1,800	1,900
Final Payment due 9/1/25	<u>\$1,500</u>	<u>1,800</u>	<u>1,800</u>
TOTAL	\$4,600**	\$5,300**	\$5,500**

***A \$100.00 application fee is required for all applicants in addition to the non-refundable deposit listed above.**

****A \$300 Non-Stewards of the Church of Our Saviour fee is also due with the deposit and application fee. Please note, this fee is only for families who are not members of Church of Our Saviour.**

*****Note there is a discount of \$200 for a second child enrolled at the same time from the same family.**

******If a child is withdrawn from the school, for reasons other than long term ill health, after the beginning of the school year, the parent shall be responsible for the full tuition. Once the school year has begun, there will be NO REFUNDS of any tuition (other than for reasons of long term ill health, at which point only a portion of the tuition may be refunded).**



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Application for the Academic Year 2026 - 2027

Child's Name: _____ Date of Birth: _____ M/F: _____

Home Address: Street _____

City _____ State _____ Zip _____ Home Phone #: _____

Child's Name Day: _____

Pediatrician's Name and Phone #: _____

Mother's Name: _____ Father's Name: _____

Home Phone #: _____ Home Phone #: _____

E-Mail Address: _____ E-Mail Address: _____

Place of Business: _____ Place of Business: _____

Position/Title: _____ Position/Title: _____

Business Phone #: _____ Business Phone #: _____

* Cell Phone: _____ * Cell Phone _____

Please list 2 emergency contacts (other than parents, i.e. grandparents, friends, neighbors, etc.):

1. Name: _____ Phone #: _____ Cell Phone: _____

2. Name: _____ Phone #: _____ Cell Phone: _____

**CHILDREN MUST BE 3 YEARS OLD BY DECEMBER 1ST
IN ORDER TO ATTEND OUR PROGRAM**

I am enrolling my child for the (please check one) preschool program:

☐ **3 Days per week**

☐ **3 Day Graduated** (from September to December child attends 3 days a week. In January, child moves to 5 days per week).

☐ **5 Days per week**

I. Child Information

Your child must be toilet trained BEFORE the start of the school year. Does (s)he need reminding? _____

Are there any special conditions which the teacher should know about (moving to a new home, new baby expected, etc.)? _____

Siblings name and ages: _____

What language(s) is spoken at home? _____

Primary language of the home? _____

Does your child have any special needs (physical, medical, dietary)? _____

Are there any allergies? _____

Previous speech or physical early intervention? _____

Other important information you would like to share? _____

A copy of your child's current immunization record from your child's pediatrician is due with this application.

*** COMPLETE PHYSICAL EXAM REPORT FROM YOUR CHILD'S PEDIATRICIAN DUE BEFORE
ENTRANCE IN SEPTEMBER***

II. Parent Information

Parent's Talents/Hobbies: _____
(i.e. holiday crafts, sewing, baking, carpentry, painting, arts, writing, music, dancing)

Would you be interested in volunteering? If so, please indicate what day of the week below:

Class parent: _____ Fund-raising: _____

Helping Parent (in class): _____ Substituting _____

III. Immunization Record

Please include a copy of your child's current immunization record from your child's pediatrician with this application. The application will be considered incomplete without this information. A complete physical exam report from your child's pediatrician is due before entrance in September.

IV. Payment

(deposit + application fee + non-steward fee if applicable):

Enclosed Amount: _____ (make checks payable to Church of Our Saviour Preschool)

Please note, the application fee and deposit are NON REFUNDABLE.

NOTE: FINAL PAYMENT OF TUITION IS DUE BY THE FIRST DAY OF SCHOOL. THERE WILL BE NO REFUNDS ONCE THE SCHOOL YEAR BEGINS (other than for medical reasons at which point only a portion of the tuition may be refunded).

**I understand that the
application fee and deposit are
NON-REFUNDABLE and I
agree to those terms.**

Parent's Signature_____

Date_____