

## NEW STUDENT APPLICATION



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

### **Tuition Schedule** **2022-2023**

#### **New Applications submitted BY February 28, 2022 (Early Bird)**

	<u>3 Days</u>	<u>3 Day Graduated</u>	<u>5 Day</u>
<b><u>BASIC TUITION (9AM – 12NOON)</u></b>			
<b>Non-refundable deposit due with application</b>	<b>\$1,200*</b>	<b>\$ 1,500*</b>	<b>\$ 1,600*</b>
First Payment due 6/1/22	\$1,600	1,700	1,800
Final Payment due 9/1/22	<u>\$1,400</u>	<u>1,700</u>	<u>1,700</u>
<b>TOTAL</b>	<b>\$4,200**</b>	<b>\$4,900**</b>	<b>\$5,100**</b>

#### **New Applications submitted AFTER February 28, 2022 (ADD \$100.00 )**

	<u>3 Days</u>	<u>3 Day Graduated</u>	<u>5 Day</u>
<b><u>BASIC TUITION (9AM – 12NOON)</u></b>			
<b>Non-refundable deposit due with application</b>	<b>\$1,300*</b>	<b>\$ 1,600*</b>	<b>\$ 1,700*</b>
First Payment due 6/1/22	\$1,600	1,700	1,800
Final Payment due 9/1/22	<u>\$1,400</u>	<u>1,700</u>	<u>1,700</u>
<b>TOTAL</b>	<b>\$4,300**</b>	<b>\$5,000**</b>	<b>\$5,200**</b>

**\* Please note, a \$100.00 (Stewards of Church of Our Saviour) or \$150.00 (non-Stewards) application fee is required for all NEW applicants in addition to the tuition above.**

**\*\* 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If a child is withdrawn from the school, for reasons other than long term ill health, after the beginning of the school year, the parent shall be responsible for the full tuition.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). See also Covid-related Refund Policy attached.



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**Application for the Academic Year 2022 - 2023**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_

Home Address: Street \_\_\_\_\_

City \_\_\_\_\_ 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 1<sup>ST</sup>  
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

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

**Please include application fee of \$100.00 (Church of Our Saviour Stewards) or \$150.00 (non Stewards) and appropriate deposit from the tuition schedule attached. Please note, the application fee and deposit are NON REFUNDABLE. See also Covid-related Refund Policy attached.**

**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 or Covid (according to the Covid Refund Policy attached) 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**\_\_\_\_\_