

Registration 2024-2025



Classes are Tuesday & Thursday, October-May

Please check your preferred session:

AM Session 8:10 – 10:10 _____

PM Session 11:40 – 1:40 _____

Date of birth: ____/____/____

Child's name: _____ / _____
First Last Nickname, if applicable

Place of birth _____ Home language _____
City/Country

Preferred email address _____

Home address _____ City _____

Parent name _____ Phone number (____) _____

Employer _____ Work phone (____) _____

Parent name _____ Phone number (____) _____

Employer _____ Work phone (____) _____

Sibling name (s) _____

Has your child been in daycare or another preschool Yes _____ No _____

In case of an emergency and we are unable to contact you
EMERGENCY CONTACT INFORMATION

Contact name _____ Phone (____) _____

Contact name _____ Phone (____) _____

Pediatrician _____ Phone (____) _____

TUITION/REGISTRATION

I understand that there is a:

\$ 60.00 Non-refundable registration fee due at the time of registration.

\$ 200.00 due at Open house or the first day of preschool for October & May.

\$ 100.00 monthly tuition due by the 1st day of class each month for Nov.-April

If payment is received after the 15th a late fee may be applied.

I understand there is a Non-sufficient Fee of \$25.00 on all returned checks.

In the unforeseeable event tuition is not paid in full by the end of the school year, any unpaid balance will be submitted to the district office for collection.

*Parent Signature: _____ Date: _____

EMERGENCY

In the event of an emergency:

I give permission for Tri Tech staff to seek medical care for my child if my emergency contacts or I can't be reached.

*Parent Signature: _____ Date: _____

PHOTO RELEASE

Photo Release Permission:

As a parent or guardian of this student, I hereby consent to the use of photographs/videotape taken during the school year for educational/or promotional purposes, portfolio projects, and classroom bulletin boards.

_____ Yes, I give consent for Tri Tech to photograph my child for school purposes and/or at school events.

_____ No, I do not authorize Tri Tech to photograph my child for any event.

*Parent Signature: _____ Date: _____

OTHER INFORMATION

Any other information that we should know about your child.

