

Trinity Weekday School 2023-2024 Registration Information

You may register by mail or bring your forms and fees to the Weekday School Office. **The registration fee must be included with your form.** A separate form and fee are required for each child.

Registration forms will be processed according to the following priorities:

- ▶ TPC members/staff
- ▶ Currently enrolled students
- ▶ Siblings of currently enrolled students
- ▶ Former Weekday School families
- ▶ New families

If there are more applicants for a class than spaces available, a lottery will be held. **Please mark your first and second choices of class.**

Priority placement for TK will be given to children who have already completed a 4-year-old class.

You will be notified by email of your registration placement no later than **March 31, 2023.**

Fees 2023-2024

Registration Fee

A fee is required for each child and is due at the time of registration (maximum of \$250 per family).

- | | |
|--|-------|
| ▶ Trinity Presbyterian Church member or staff | \$120 |
| ▶ Non-church member, returning/currently enrolled family | \$125 |
| ▶ Non-church member, new family | \$130 |

If all requested classes are full at time of registration, your child will be placed on a waiting list and the registration fee will be refunded.

Monthly Tuition

Infants - Fours

One month's **non-refundable** tuition must be paid on or before May 1, 2023 and will apply to May 2024 tuition. This is to confirm your enrollment and to hold the space for your child. If not received by **May 1, 2023**, the space will be forfeited.

Infants	MWF \$415	M-F \$625	6 months by 8/31/23 (Teacher/Child Ratio: 1/3)
Toddlers	MWF \$365	M-F \$560	1 year old by 8/31/23 (Teacher/Child Ratio: 1/4)
Twos	MWF \$355	M-F \$545	2 years old by 8/31/23 (Teacher/Child Ratio: 1/6)
Threes	MWF \$360	M-F \$445	3 years old by 8/31/23 (Teacher/Child Ratio: 1/7)
Fours/Pre-K	M-Th \$425	M-F \$465	4 years old by 8/31/23 (Teacher/Child Ratio: 1/8)

Transitional Kindergarten

One month's tuition is due on or before April 1, 2023 and will apply to September 2023. A second month's tuition is due on or before May 1, 2022 and will apply to May 2023. These payments are **non-refundable** and will confirm your enrollment in our TK program.

M-F \$500

5 years old by 12/31/23
(Teacher/Child Ratio: 1/9)

****ACTIVITY FEES ARE INCLUDED IN MONTHLY TUITION.****



2023-2024 Application for Enrollment

Please check **ALL** that apply to this child:

- Church member
 Staff
 Currently enrolled for 2022-2023
 Sibling of child enrolled for 2022-2023
 Former WDS family
 New to Trinity WDS

Child's name: _____ Name called: _____
 (last) (first) (middle)

Date of birth: _____ Gender: Girl Boy

Parent's Names: _____

Address: _____ City _____ State _____ ZIP _____

Telephone: (Primary phone) _____ (2nd phone number) _____

Email Addresses: _____

Please describe any allergies or needs specific to your child: _____

Are immunizations up to date for your child? YES NO

Updated immunizations are required for your child to start school on September 5, 2023. Please discuss any questions or concerns regarding this policy with the director.

Registration Fee must accompany this form. This fee is **NON-REFUNDABLE** if offered enrollment.

- | | |
|---|---|
| \$130 Non-church member, new | <input type="checkbox"/> <i>Please draft registration fee using Tuition Express.</i> |
| \$125 Non-church member, returning/currently enrolled | <input type="checkbox"/> <i>Payment attached.</i> |
| \$120 Trinity Church members/Staff | |
| \$250 maximum per family | |

****CLASS OFFERINGS ARE SUBJECT TO CHANGE BASED ON ENROLLMENT NEEDS****

Please indicate your first (1st) **and** second (2nd) choices for the class you are registering your child. Age group is determined by your child's age as of August 31, 2023.

Infants: _____ 2 days (TTh) _____ 3 days (MWF) _____ 5 days (M-F)

Toddlers: _____ 2 days (TTh) _____ 3 days (MWF) _____ 5 days (M-F)

Twos: _____ 2 days (TTh) _____ 3 days (MWF) _____ 5 days (M-F)

Threes: _____ 3 days (MWF) _____ 4 days (M-Th) _____ 5 days (M-F)

Pre-K (Fours): _____ 4 days (M-Th) _____ 5 days (M-F)

TK (Transitional Kindergarten): _____ 5 days (M-F) *Priority will be given to children who have completed a 4-year-old class.*

Infants through Pre-K/4s: One month's **NON-REFUNDABLE** tuition must be paid/drafted on or before May 1, 2023 and will apply to **May 2024**. This payment will confirm your enrollment and to hold the space. If payment is not received by May 1, 2023, the space will be forfeited.

For TK applicants only: One month's tuition must be paid on or before April 3, 2023 and will be applied to **September 2023**. A second month's tuition is due on or before May 1, 2023 and will be applied to **May 2024**. These payments are **NON-REFUNDABLE** and will confirm your enrollment in our TK program.

I have read and agree to all of the registration and payment policies as stated above.

Parent/Guardian Signature _____ Date _____

Return form by email to
avaughn@trinitypreschurch.org

Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express®—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) _____ to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

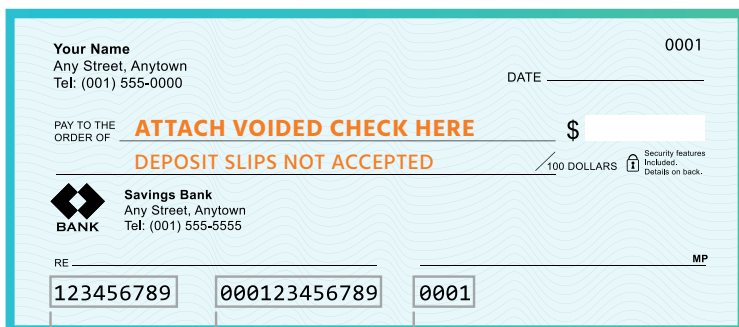
COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

Cardholder Name	Phone #		
Cardholder Address	City	State	Zip
Account Number	Expiration Date		
Cardholder Signature	Date		

SECTION B (Bank Account)

Your Name	Phone #			
Address	City	State	Zip	
Bank or Credit Union Name	Bank or Credit Union Address	City	State	Zip
Routing Transit Number (see sample below)	Account Number (see sample below)	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	
Authorized Signature	Date			



ROUTING NUMBER ACCOUNT NUMBER CHECK NUMBER

FOR OFFICIAL USE ONLY

Date Received

Employee Signature

800.338.3884 • procaresoftware.com

© Copyright 2020 Procure Software®, LLC