

TRI TECH PRESCHOOL

We will have **two** possible scenarios for fall opening depending upon Covid regulations:

Please choose your preference for both Scenario 1 and 2

Scenario one: Hybrid Model Preschool will be one day a week 8:30-11:30

Monday Session Tuesday Session
 Thursday Session Friday Session

I understand that my registration fee of \$60.00 covers the \$40.00 registration fee a \$15 field trip fee and a \$5 baggie book fee. I understand that the \$60 registration fee is non-refundable. I agree to pay \$100.00 (\$50 for October and \$50 for May on the first preschool day in October). In addition, I agree to pay the \$50 per month tuition for the remainder of the year (November through April) by the 10th of each month and in the event tuition is not paid for two months, I understand that Tri Tech Preschool will disenroll my child from the facility. I agree to give to a two-week notice prior to terminating my child's enrollment at Tri-Tech Preschool.

Scenario two: Regular Model Preschool twice a week on Tuesday and Thursday with an AM and PM class option

Tuesday and Thursday
AM: 8:10-10:10 or PM: 11:40-1:40
 AM PM

I understand that my registration fee of \$60.00 covers the \$40.00 registration fee a \$15 field trip fee and a \$5 baggie book fee. I understand that the \$60 registration fee is non-refundable. I agree to pay \$200.00 (\$100 for October and \$100 for May on the first preschool day in October). In addition, I agree to pay the \$100 per month tuition for the remainder of the year (November through April) by the 10th of each month and in the event tuition is not paid for two months, I understand that Tri Tech Preschool will disenroll my child from the facility. I agree to give to a two-week notice prior to terminating my child's enrollment at Tri-Tech Preschool.

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Child's name _____ Birthdate _____
Address _____ City/State/Zip _____
Home phone _____ Cell phone _____
Mother's name _____ Home phone _____
Mother's workplace _____ Work phone _____
Father's name _____ Home phone _____
Father's workplace _____ Work phone _____
** ___ Yes, it is ok to call me at work. ** ___ No, please don't call me at work.
Brothers _____ Sisters _____

E-mail address: _____ Work e-mail address: _____

EMERGENCY CONTACTS

(Please note that our first efforts will be to contact parents)

Name _____	Name _____
Address _____	Address _____
Phone _____	Phone _____

EMERGENCY INFORMATION

Allergies to foods (please note severity) _____
Allergies to medications _____
Physical or other conditions _____
Family physician _____ Phone _____

In the event of an emergency, I give permission to Tri-Tech staff to seek needed medical care for my child if my emergency contacts or I cannot be reached.

Parent signature _____ Phone _____

Parent signature _____ Date _____

Persons other than myself who may pick up my child _____
