Dear Preschool Parent.

"We learn together. We play together. We grow together."

At St. Matthew Preschool we learn, play and grow...and we love making new friends! We are hoping you will join us for the 2021-2022 school year.

Pre-registration is underway. Children who will be 3 years old by September 15, 2021 are eligible to join our 3 Year-Old Preschool program.

Preschool tuition is as follows:

Preschool Days	Total Tuition <i>C</i> ost	Deposit	Remaining Balance	Monthly ACH (if chosen)
2 days (Tues/Thurs)	\$1,280.00	\$50.00	\$1,230.00	\$123.00
3 days (Mon/Wed/Fri)	\$1,835.00	\$50.00	\$1,785.00	\$178.50

This tuition amount includes your supply fee for the year.

A deposit of \$50 is required with this pre-registration form and will be applied to your annual tuition. This deposit is non-refundable. The balance of the tuition may be paid annually, semi-annually or monthly. If the monthly option is chosen, it will be deducted each month through automatic withdrawal.

Please complete the following form and return it to the preschool office to guarantee a spot. The forms will be numbered and dated as they are returned. Once all of the openings are filled, subsequent applications will be placed on a waiting list according to our enrollment policy.

Remember, your child needs to be 3 by September 15, 2021 and must also be fully potty trained.

We are looking forward to learning, playing and growing with you at St. Matthew Preschool!

If you have any questions, please contact Amy Ball or Heather Waddell at 731-3722 or by e-mail <u>aball@stmatthewcr.org</u> <u>hwaddell@stmatthewcr.org</u>.



We love our Little Jaguars! Please complete the information below and return this form, along with a \$50 tuition deposit.
This will secure your child's placement in our program.
Checks may be made payable to:

St Matthew Preschool 2244 1st Ave NE Cedar Rapids, IA 52402

,					
_	2 days Tues/Thurs from 8:30-11:20 3 days Mon/Wed/Fri from 8:30-11:20 No preference		Please note that you does not guarantee placement in either combe be based upon av	tee your child's er class, but will	
(Please print)					
Child's Name					
	(Last)	(First)		(Middle)	
Data of Dinth					
Date of Birth	(Month/Date/year)			
1 1 1	(,			
Parent/Guard	ian's Name				
4 4 4 4 4 4 4 4					
Address					
E-mail addres	s	Phone			
Parish	St. Matthew	Immaculate Conception	Other Church		
ı !					
Are vou inter	rested in child care	before or after Preschool) Yes	No	
The you have	rested in critic care	before or after the senten	,, 05	1	
If you have a		nation will be available at th care, please contact Heath stmatthewcr.org)			
Office Use	Date Returned	Deposit	Check Numb	er	