

PRIMARY CONTACT ADDITIONAL INFORMATION

*Email addresses will be used for periodic notices from CAS Preschool.

Name of Child (Last, First, Middle): _____

Primary Residence: ___ Mother ___ Father ___ Both ___ Guardian

Parent / Guardian #1: _____ Relationship to Child: _____

*Email Address: _____ Driver's License Number/State: _____

Employer: _____ Work Phone: _____

Parent / Guardian #2: _____ Relationship to Child: _____

*Email Address: _____ Driver's License Number/State: _____

Employer: _____ Work Phone: _____

Additional Guardianship Information: (ie Guardian, Step-Mother, Step-Father)

Parent / Guardian #3: _____ Relationship to Child: _____

*Email Address: _____ Driver's License Number/State: _____

Employer: _____ Work Phone: _____

Parent / Guardian #4: _____ Relationship to Child: _____

*Email Address: _____ Driver's License Number/State: _____

Employer: _____ Work Phone: _____



Permission to Pick-Up / Drop-Off Student

Name of Child (Last, First): _____

**Only persons on this list will be allowed to pick up / drop off your child;
You must include yourself on this list.**

I give permission to the following person(s) to pick-up /drop off my student:

Name #1: _____ Relationship to Child: _____
Phone #1: _____ Phone #2: _____
_____ Regular Pick-Up _____ Occasional Pick-Up

Name #2: _____ Relationship to Child: _____
Phone #1: _____ Phone #2: _____
_____ Regular Pick-Up _____ Occasional Pick-Up

Name #3: _____ Relationship to Child: _____
Phone #1: _____ Phone #2: _____
_____ Regular Pick-Up _____ Occasional Pick-Up

Name #4: _____ Relationship to Child: _____
Phone #1: _____ Phone #2: _____
_____ Regular Pick-Up _____ Occasional Pick-Up

Name #5: _____ Relationship to Child: _____
Phone #1: _____ Phone #2: _____
_____ Regular Pick-Up _____ Occasional Pick-Up

Name #6: _____ Relationship to Child: _____
Phone #1: _____ Phone #2: _____
_____ Regular Pick-Up _____ Occasional Pick-Up

Parent / Guardian Name: _____

Parent / Guardian Signature _____ Date: _____



Tuition and Fees effective 09/01/2017

Registration Fee:

\$50.00 yearly registration fee for the First child and \$25.00 for any additional children. (non-refundable)

Tuition Rates:

Full Days Per Week	6 hours a day and above		Half Days Per Week	Under 6 hours a day
5 days	\$140.00		5 days	\$105.00
4 days	\$125.00		4 days	\$97.00
3 days	\$ 95.00		3 days	\$80.00
2 days	\$ 65.00		2 days	\$55.00
1 days	\$ 35.00		1 days	\$30.00

DISCOUNTS:

The following discounts are available with proper documentation.

- a) If more than one child enrolled and attending from the immediate family a 10% discount from the full tuition fee is offered and is applied to the child(ren) with the lowest tuition rate(s).
- b) If either parent/guardian is actively serving in the U.S. Military, Border Patrol or First Responders a 10% discount from the full tuition fee is offered
- c) If either parent / guardian is currently employed full-time with Cochise Private Industry Council dba Center for Academic Success a 25% discount from the full tuition fee is offered to me.
- d) If either parent / guardian is currently employed part-time with Center for Academic Success Preschool a 50% discount from the full tuition fee is offered to me.

These discounts are only available to those accounts when full tuition is paid in advance. Discounts are not applicable on any fees, Agency Co-Pays, or special program promotions and cannot be combined with any other discount or promotion.



Enrollment Schedule for: _____

(Two week written notice is required for any permanent changes in schedule.)

Check Days to Attend:

Mon Tues Wed Thu Fri

Arrival Time: _____ _____ _____ _____ _____

Departure Time: _____ _____ _____ _____ _____

Parent / Guardian Signature _____ Date: _____

Tuition is due and payable on Monday of each week.

If payment in full is not received by 5:30 pm on Wednesday, of each week a late payment fee of \$10.00 per day will be added until tuition is received.

To be completed by Preschool

\$ _____ per week is the current tuition rate for the schedule chosen
less

\$ _____ for _____ % discount for _____
equals

\$ _____ amount due weekly

Start Date: _____ Class

Room: _____

Parent / Guardian Name: _____

Parent / Guardian Signature _____ Date: _____



Director Signature: _____ Date: _____

