



# Welcome to Harmony Preschool

We are thrilled that you are joining our Harmony family!

- Step 1: To secure your spot complete the attached registration form and pay the nonrefundable registration fee of \$90.00 per child. There are no additional school fees in the fall. *Registration is not complete until the registration form and fee are received.*
- Step 2: Complete the State of Ohio required forms and have the medical form signed by your child's doctor with a current shot record attached. *Enrollment is not complete until enrollment form, enrollment fee, State of Ohio forms and child's medical statement are completed.* If we are not in session please use the drop box at the school.

## 2024-2025 Tuition

Our school year runs from September to May.

**Harmony is based on a yearly tuition that is broken into 10 equal payments which are paid August-May.**

Tuition is due by check/cash on the 15<sup>th</sup> of each month.

2 Day Program \$1450 Year/\$145 a month

3 Day Program \$1700 Year/ \$170 a month

4 Day Program \$2050 Year/ \$205 a month

5 Day Program \$2450 Year/ \$245 a month

A sibling discount will apply when two siblings attend in the same academic year.

All students must be the appropriate age for their class by September 30<sup>th</sup>

Your first tuition check is due August 5<sup>th</sup>.

**Please use the drop box at the school**

You will receive information in early August with the date and time for your Meet the Teacher appointment. We will make every attempt to accommodate your needs, however all classes and teachers are subject to change from year to year based on enrollment. Teachers may be requested but are not guaranteed. Classes will begin the Wednesday, September 4<sup>th</sup>, 2024.

Do not hesitate to contact Cathy Kahn at 330-273-3535 with any questions or concerns.

# H a R M O N Y Preschool

CHILD'S NAME \_\_\_\_\_ Birth Date \_\_\_\_\_ Male/ Female

Parent/Guardian Name: (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work phone (Father) \_\_\_\_\_

Work Phone (Mother) \_\_\_\_\_

Cellular Phone (Mother) \_\_\_\_\_ Father \_\_\_\_\_

Primary Email: \_\_\_\_\_

Babysitter's Name (If Applicable) \_\_\_\_\_ Phone: \_\_\_\_\_

Sibling's Names and Ages: \_\_\_\_\_

**Allergies:** (If allergies are listed a health plan must be filled out.) YES NO

**If Yes Please List:** \_\_\_\_\_

People authorized to pick up your child. \_\_\_\_\_

Did Your Child Attend Harmony Last Year: YES NO

***I understand that I am responsible for paying 10 equal monthly payments August-May for my child's school tuition and that all forms are due July 1:***

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Please check the class days and times preferred. If there is a conflict the office will contact you for a second choice.*

<b>5 Year Olds</b>	M-T-W-TH-F	9:00-11:30	_____
	M-T-W-TH-F	12:30-3:00	_____
<b>4 Year Olds</b>	Monday-Tuesday-Wednesday-Thursday	9:00-11:30	_____
	Monday-Wednesday-Friday	9:00-11:30	_____
	Tuesday-Thursday-Friday	9:00-11:30	_____
	Monday-Wednesday	9:00-11:30	_____
	Tuesday-Thursday	9:00-11:30	_____
<b>3 Year Olds</b>	Monday-Wednesday-Friday	9:00-11:30	_____
	Tuesday-Thursday-Friday	9:00-11:30	_____
	Monday-Wednesday	9:00-11:30	_____
	Tuesday-Thursday	9:00-11:30	_____

\$90 Registration Fee Received: \_\_\_\_\_