

### 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 <u>nonrefundable</u> 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.

### 2023-2024 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  $15^{th}$  of each month.

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

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

4 Day Program \$2005 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  $30^{\text{th}}$ 

#### Your first tuition check is due <u>August $15^{\text{th}}$ </u>. 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 6<sup>th</sup>, 2023.

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

## Rm Ny Preschool

CHILD'S NAME	I	Birth Date	Male/ Female
Parent/Guardian Name: (Father)		(Mother)	
Address			
City	State	Zip	
Home Phone	Work phone Work Phone	e (Father) e (Mother)	
Cellular Phone (Mother)		ther	
Primary Email: _			
Babysitter's Name (If Applicable)		Phone:	
Sibling's Names	and Ages:		
-	lergies are listed a health plan must be filled a _ist:		
People authorize	ed to pick up your child.		
Did Your Child A	Attend Harmony Last Year: YES NO		
	that I am responsible for paying 10 equal mo nd that all forms are due July 1:	onthly payments Augus	t-May for my child's
Parent's Signature:		Date:	
Please check the	class days and times preferred. If there is a conf	lict the office will contact	you for a second choice.
5 Year Olds	M-T-W-TH-F	9:00-11:30	
	M-T-W-TH-F	12:30-3:00	
4 Year Olds	Monday-Tuesday-Wednesday-Thursday Monday-Wednesday-Friday Tuesday-Thursday-Friday	9:00-11:30 9:00-11:30 9:00-11:30	12:30-3:00 12:30-3:00 12:30-3:00
	Monday-Wednesday Tuesday- Thursday	9:00-11:30 9:00-11:30	12:30-3:00 12:30-3:00
3 Year Olds	Monday-Wednesday-Friday Tuesday-Thursday-Friday Monday-Wednesday Tuesday-Thursday	9:00-11:30 9:00-11:30 9:00-11:30 9:00-11:30	12:30-3:00 12:30-3:00 12:30-3:00 12:30-3:00
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