

**Weekday Nursery School
Tuition and Fee Schedule
2023-2024 School Year**

Quarterly Payment Class Tuition (after \$100 tuition deposit is paid)

Inventors - 4 year olds attending:

5 ½ days per week \$4,592/year \$1,123/quarter

4 ½ days per week \$3,724/year \$906/quarter

3 ½ days per week \$2,856/year \$689/quarter

3 full days per week \$5,034/year \$1,233/quarter

3 full and 2 ½ days per week \$6,856/year \$1,689/quarter

Explorers - 3 year olds attending:

3 ½ days per week \$3,332/year \$808/quarter

Half-Pints (2 years and 7 months old) attending:

2 ½ days per week \$2,824/year \$681/quarter

Tuition is paid in 4 quarterly payments:

September 15, November 15, January 15, and March 15

Other fees:

- \$50.00 **non-refundable** application fee.

- \$100.00 **non-refundable** deposit, applied toward annual tuition, due June 1 (**or you have the option to send it in now with the registration fee**).

****** Acceptance of these confirms your child's place on the class roster.

Please make checks payable to **MPC Weekday Nursery School**.

WEEKDAY NURSERY SCHOOL
Morrisville Presbyterian Church
www.weekdaynursery.org
P.O. BOX 955 Morrisville, PA 19067

****Please be advised all days are subject to change due to enrollment****

Class (please check one)

Inventors:

3 days (Tues, Wed, Thurs) AM ____ PM ____

4 days (Mon, Tues, Wed, Thurs) AM only ____

5 days (Mon, Tues, Wed, Thurs, Fri) AM only ____

3 full days (Tues, Wed, Thurs) _____

3 full AND 2 ½ days (Mon & Fri ½; Tues, Wed, Thurs FULL) _____

Explorers:

3 days (Wed, Thurs, Fri) AM ____

3 days (Tues, Wed, Thurs) PM ____

Half-Pints:

2 days (Mon and Tues) AM ____

CHILD INFORMATION

Child's Name _____

Nickname _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth _____ Gender _____

Preferred Phone # _____

Preferred EMail Address _____

Previous school experience (if so where) _____

How was Weekday Nursery School brought to your attention? (friend, family, Facebook, Google, etc) _____

If it is a current family attending our school, can you share who?

HOME BACKGROUND

Parent/Guardian's Name _____ Phone _____
Business Address _____ Phone _____
Occupation/Former Occupation/Special Training _____

Parent/Guardian's Name _____ Phone _____
Business Address _____ Phone _____
Occupation/Former Occupation/Special Training _____

Do both parents now live with this child? _____

Is either parent a member of the Morrisville Presbyterian Church? _____

Does your child have any allergies/foods that disagree with him/her? (please list)

In case of an emergency when we cannot reach you, whom shall we contact?

Name _____ Phone _____

Other members of household

Name Age Relation to Child

Name	Age	Relation to Child
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is your child adopted? _____ If yes, at what age? _____

How does your child get along with playmates? _____

Does he/she dress themselves? _____

Is he/she toilet trained? _____ (*ALL CHILDREN MUST BE TOILET TRAINED BY THE START OF SCHOOL UNLESS IN THE HALF PINT CLASSROOM*)

Please add any other information, which may help the teacher to better understand your child below.

IMPORTANT: Please complete this section for your child's teacher

Photo Release- I, _____(parent/guardian signature),

Give - Do Not Give(circle one) permission to Weekday Nursery School to release for publicity my child's photograph taken in a school-sponsored activity. Names will not be used.

Medical Release-In the event of an emergency, it may become necessary for us to transport (via ambulance) a child to the nearest hospital for treatment while participating in any school sponsored program or activity. The doctors in the emergency room cannot examine or give treatment to a child without general information about the child and the written approval of the parent/guardian. We ask that you complete and sign below giving us the authority to have your child taken care of at the nearest hospital in the event of an emergency situation when and **only when you cannot be contacted.**

I, _____(parent/guardian signature),

Give - Do Not Give (circle one) Weekday Nursery School the authority to have my child treated in a hospital emergency room in the event I cannot be reached.

Date above releases signed _____

ANY QUESTIONS? CALL 267-797-3665 OR email weekdayabc123@gmail.com

We invite you to visit our website and like our Facebook page for more information and to follow along with what we do during the year!

www.weekdaynursery.org

<https://www.facebook.com/WeekdayNurserySchool>

Weekday Nursery School admits students of any race, color, national, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national, and ethnic origin in administration of its educational policies, admissions policies, or scholarship programs.