

Trinity Episcopal Learning Center  
215 St. George Street  
St. Augustine, Florida 32084  
904-824-2876

Tuition is priced annually but can be divided into 10 monthly payments. A 3% discount will be given if paid in full by September 1, 2022

Student Name: \_\_\_\_\_

\_\_\_ **2 & 3 year olds 8:30AM – 2:30PM** (Enrichment activities included)

**Registration Fee \$75.00 Annually**

___ 2 Days (Tuesday & Thursday)	\$345/Monthly	or	\$3,450/Annually
___ 3 Days (MWF)	\$455/Monthly	or	\$4,550/Annually
___ 5 Days (M-F)	\$600/Monthly	or	\$6,000/Annually

\_\_\_ **Voluntary PreK Program**

\_\_\_ Monday – Thursday 8:30-2:30      \$225/Monthly (3 hours per day are State Funded)

\_\_\_ Fridays 8:30-2:30 - \$180/Monthly

Drop in Rates \$50 Per Friday 8:30-2:30

\_\_\_ **Extended Care 2:30-4:30** includes free play or child directed activities

\_\_\_ 1 Day per week \$65/Monthly  
\_\_\_ 2 Days per week \$120/Monthly  
\_\_\_ 3 Days per week \$155/Monthly  
\_\_\_ 4 Days per week \$200/Monthly  
\_\_\_ 5 Days per week \$245/Monthly  
Drop in Rate      \$25 per visit

I understand I am making a financial and contractual commitment to participate in Extended Care at a minimum of the days selected above. I understand I will be responsible for the payment for the entire school year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Student Registration

## STUDENT INFORMATION:

Legal Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle  
Home Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_

Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Step parent

## FAMILY INFORMATION:

Father's Name \_\_\_\_\_ Cell Number \_\_\_\_\_  
Employer \_\_\_\_\_ Work Number \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Cell Number \_\_\_\_\_  
Employer \_\_\_\_\_ Work Number \_\_\_\_\_  
Family E-Mail \_\_\_\_\_

Are you connected to a church? \_\_\_\_\_

Would you like information about Trinity? \_\_\_\_\_

## MEDICAL INFORMATION:

I hereby grant permission for the staff of this facility to contact the following medical personnel to obtain emergency medical care if warranted.

Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Any allergies, special Medical or dietary needs:

---

**\*\*Section 65C-22.006(2), F.A.C., requires a current physical examination (Form 3040) and immunization record (Form 680 or 681) within 30 days of the first day of school.**

**\*\*Section 402.3125(5), F.S., requires that parents receive a copy of the Child Care Facility Brochure, "Know Your Child Care Facility". This form is available on our website.**

**HELPFUL INFORMATION:**

Please provide any information about your child that you would like for us to know:

---

---

---

**Enrollment Agreement**

\_\_\_\_\_ **Registration Fee:** An annual, non-refundable Registration Fee of \$75 is due upon registering my child for all non VPK programs.

\_\_\_\_\_ **Deposit:** A non-refundable, one month deposit is due upon registration and will be applied to the last tuition due for that school year.

\_\_\_\_\_ **Tuition:** Tuition payments are due on the first of the month and will be subject to a late fee if received after the 10<sup>th</sup> of the month. The tuition cost is per year but can be made in monthly installments with a yearly commitment. I understand if I withdraw my child prior to the end of the school year I will be responsible for the remaining monthly payments.

\_\_\_\_\_ **Sibling Discounts:** Any non VPK students with siblings are eligible for a 10% discount. The discount will be deducted from the lowest tuition.

\_\_\_\_\_ **Payment in Full:** A 3% discount will be given for any tuition paid in full by September 1, 2021

\_\_\_\_\_ **Late Pick up:** A late pick up fee of \$1.00 per minute will be charged for any late pick up after 12:30/2:30/4:30.

I understand I am making a yearly commitment to Trinity Episcopal Learning Center and I will be held financially liable for the full year's tuition.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date