

**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, 2024

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

**Registration Fee \$125.00 Annually**

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

___ 2 Days (Tuesday & Thursday)	\$380/Monthly	or	\$3,800/Annually
___ 3 Days (MWF)	\$525/Monthly	or	\$5,250/Annually
___ 5 Days (M-F)	\$700/Monthly	or	\$7,000/Annually

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

\_\_\_ Monday – Thursday 8:30-2:30    \$300/Monthly

\_\_\_ Fridays 8:30-2:30 - \$200/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	\$70/Monthly
___ 2 Days per week	\$125/Monthly
___ 3 Days per week	\$160/Monthly
___ 4 Days per week	\$210/Monthly
___ 5 Days per week	\$250/Monthly
Drop in Rate	\$30 per visit

**I understand I am making a financial and contractual commitment to participate in Extended Care and/or VPK Wrap Around Care as 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 Zip Telephone  
Address \_\_\_\_\_ Code \_\_\_\_\_ 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?** \_\_\_\_\_

**\*\*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:

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**Allergies** \_\_\_\_\_

**Enrollment Agreement**

\_\_\_\_\_ **Registration Fee:** An annual, non-refundable Registration Fee of \$125 is due upon registering my child for all non VPK programs.

\_\_\_\_\_ **Deposit:** A non-refundable, one month deposit is due on August 1<sup>st</sup> and will be applied to the first month's 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.

\_\_\_\_\_ **Volunteer Hours:** A 3% discount will be given for any tuition paid in full by September 1, 2024

\_\_\_\_\_ **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.

\_\_\_\_\_ **Potty Training:** Students in the 3 and 4 year old program must be potty trained.

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