

2020-2021 Application for Enrollment

Bon Air Presbyterian Church Weekday Preschool

9201 W. Huguenot Road, Richmond, VA 23235

Telephone: (804) 272-7514 Email: bonairpreschool@bonairpc.org

Child's Name: _____

Birthdate: _____ Home Phone: _____

Home Address: _____ City: _____ Zip: _____

Parent's Name: _____ Best phone #: _____

Parent's Name: _____ Best phone #: _____

Bon Air Presbyterian Church Member? ____ Yes ____ No

Bon Air Presbyterian Church holds a Religious Exemption License

From the State of Virginia to operate a Preschool.

Please Mark and Sign the Statements That Are Applicable Below:

The tuition rates reflect the new rates for 2020.

____ I wish my child to attend the **Mon. & Wed. Co-op Class.** (9:30-12:00)

To attend this class, your child must be **two** by **Sept. 30, 2020**. I understand the tuition is: \$990.00 per year, payable in 9 monthly installments of \$110.00.

____ I wish my child to attend the **Transitional class.** (Tues., Thurs., Fri., 9:30-12:15)

I understand my child will be **2 years old by March 1, 2020**

I understand the tuition is: \$2,205 year, payable in 9 monthly installments of \$245.00. There is a yearly \$60.00 activity fee.

____ I wish my child to attend a **Preschool class.** I understand my child will be **3** by **August 1, 2020.**

There is a yearly \$60.00 activity fee.

Please indicate if your child is to attend 3 or 5 days per week:

____ **Five Days**, (Monday-Friday, 9:30-12:30) I understand the tuition is: **\$2,655.00 per year**, payable in **9 monthly installments** of **\$295.00**.

____ **Three Days** (Tues., Wed., Thurs., 9:30-12:30), I understand the tuition is: **\$2,205.00 year**, payable in **9 monthly installments** of **\$245.00**

____ I am enclosing the **NON-REFUNDABLE** application fee of **\$25.00**

(\$15.00 for Bon Air Presbyterian Church members).

Parent Signature _____ Date _____

Email address _____

Completing this application is the first step in the registration process.

When a space is available during Registration in February, you will be contacted to register your child.

Office Use - Date received _____ Payment/Check# _____