

## GOOD SHEPHERD EARLY CHILDHOOD CENTER

Irvington Presbyterian Church  
25 North Broadway, Irvington, NY 10533  
914-591-4104

[Mandy.Landivinec@irvingtonpresbychurch.org](mailto:Mandy.Landivinec@irvingtonpresbychurch.org)

### **CONTRACT & REGISTRATION – 2019-2020**

Child's name \_\_\_\_\_ Boy/Girl \_\_\_\_\_ DOB \_\_\_\_\_

This contract, dated \_\_\_\_\_, shall be between the Good Shepherd Early Childhood Center and

Mother/Guardian \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father/Guardian \_\_\_\_\_ e-mail \_\_\_\_\_

Occupation \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Home Phone \_\_\_\_\_

City, State. Zip \_\_\_\_\_

#### **Enrollment** (please indicate 1<sup>st</sup> & 2<sup>nd</sup> choice)

<b>2's – 2 mornings/week (9:30-11:30)</b>	<b>Total:</b>	<b>\$3,857</b>
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- \_\_\_\_\_ Monday/Wednesday or \_\_\_\_\_ Tuesday/Friday
- Deposit \$400 + \$100 registration fee
- Remaining tuition to be paid in thirds of \$1,119 in February, May and August 2019.

<b>3's – 3 mornings/week (9:00-11:45)</b>	<b>Total:</b>	<b>\$4,866</b>
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- \_\_\_\_\_ Monday/Wednesday/Thursday or \_\_\_\_\_ Tuesday/Thursday/Friday
- Deposit \$500 + \$100 registration fee
- Remaining tuition to be paid in thirds of \$1,422 in February, May and August 2019.

<b>3's – 5 mornings/week (9:00-11:45)</b>	<b>Total:</b>	<b>\$6,680</b>
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- Deposit \$700 + \$100 registration fee
- Remaining tuition to be paid in thirds of \$1,960 in February, May and August 2019.

<b>4's – 5 mornings/week (9:00-11:45)</b>	<b>Total:</b>	<b>\$6,680</b>
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- Deposit \$700 + \$100 registration fee
- Remaining tuition to be paid in thirds of \$1,960 in February, May and August 2019.

A limited amount of tuition assistance is available by application. Late payments will be subject to a 3% surcharge.
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### Conditions

Enrollment is for the full school year beginning in September and ending in June. All fees and tuition payments are non-refundable except, if in the opinion of the director, the continuance of a child at the school is not in the best interest of either the child or the school.

### Medical Policy

**An annual physical exam, signed and dated by the physician** and indicating up-to-date immunizations and screening must be on file **before a child can begin school**. School staff and families will be the only ones with access to a child's medicals unless otherwise indicated.

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#### Accepted and agreed to:

Parent's Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

G.S.E.C.C. Authorized Signature \_\_\_\_\_

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**F.Y.I. --** Make check payable to **Irvington Presbyterian Church**, no credit cards accepted. Nursery School fees may be eligible expenses for childcare tax credits, according to Internal Revenue Service regulations. Check with your accountant or IRS to determine eligibility. **Our Federal ID # is: 13-1740280.**

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#### OFFICE USE:

	\$	Check #:	Date:
Registration Fee Rcvd.	\$		
Advance Tuition Rcvd.	\$		
February Payment Rcvd.	\$		
May Payment Rcvd.	\$		
August Payment Rcvd.	\$		

\_\_\_\_\_ Payment Plan (attach approval)

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