



St. Paul's Child Care Center

St. Paul's Lutheran Church
761 King Street
Rye Brook, NY 10573
Suzanne Newcomb, Director
Gwendolyn Tucker, Asst. Director

Phone: 914-939-3079
Fax: 914-939-8283
Web site: www.StPaulsRyeBrook.com
Pastor James O'Hanlon

2017 Monthly Tuition Rates *(Supersedes all prior schedules)*

Infant 5 days	\$1800
Infant 4 days	\$1580
Infant 3 days	\$1390
Infant 2 days	\$1030
Toddler 5 days	\$1710
Toddler 4 days	\$1485
Toddler 3 days	\$1320
Toddler 2 days	\$980
3s & 4s 5 days	\$1550
3s & 4s 4 days	\$1350
3s & 4s 3 days	\$1170
3s & 4s 2 days	\$875

*There is also a 10% discount, on the lower of the two tuition amounts, for full time siblings.

Tuition is due the 1st of each month and will be considered late after the 5th of the month.



St. Paul's Child Care Center

St. Paul's Lutheran Church
761 King Street
Rye Brook, NY 10573
Suzanne Newcomb, Director
Gwendolyn Tucker, Asst. Director

Phone: 914-939-3079
Fax: 914-939-8283
Web site: www.StPaulsRyeBrook.com
Pastor James O'Hanlon

Enrollment Policies

Admission

St. Paul's Child Care Center is open to children between the ages of six weeks and five years. As openings in the various age groups occur, admission is offered to children on the waiting list for that age group. In order to be placed on a waiting list, you must submit a completed application and a \$100.00 application fee. You and your child are encouraged to visit St. Paul's before applying.

Enrollment

When a space becomes available, and the family accepts the space, an enrollment packet of registration paperwork will be given. This includes: an enrollment agreement, medical form, registration form, babysitting waiver, photo permission form and other informational forms for us to get to know more about your child. These forms must be completed and submitted prior to the child's start date.

Deposit

A nonrefundable deposit of one month's tuition is required to hold a space. This will be the first month's tuition and is due when a space is offered.

St. Paul's Child Care Center admits students of any race, color, and national or ethnic origin.

**St. Paul's Child Care Center
Application for Enrollment**

Child #1 Name: _____ Gender: M ☐ F ☐
Birth Date: _____ or Due Date: _____

Child #2 Name: _____ Gender: M ☐ F ☐
Birth Date: _____ or Due Date: _____

Which days would you like your child(ren) to attend?

Monday-Friday ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐

How were you referred to St. Paul's Child Care Center? _____

Does your child(ren) have any Special Health Care Needs? _____
Allergies? _____ Developmental Delays? _____ Other Special Needs? _____

Child(ren)'s Home Address: _____

Parent #1 Name: _____ Email: _____
Home #: _____ Cell #: _____ Work #: _____
Home Address (if different from above): _____
Employment: _____ Address: _____

Parent #2 Name: _____ Email: _____
Home #: _____ Cell #: _____ Work #: _____
Home Address (if different from above): _____
Employment: _____ Address: _____

Name of Pediatrician: _____ Telephone: _____

Application Date: _____ Requested Start Date: _____

Program(s) Requested: INFANT ☐ TODDLER ☐ 3s ☐ 4s ☐

A nonrefundable fee of \$100.00 is required for each child with this application.

I understand that the \$100.00 fee per child is nonrefundable and does not guarantee me a spot in the Center. If I decide not to send my child/children to the Center, or a spot does not become available to me, the \$100.00 will not be returned.

Signature: _____ **Date:** _____