

Timson Hill Preschool

Celebrating 30 Years - 1989 - 2019

P.O. Box 149, Williamsville, Vermont 05362 Telephone (802)348-6319 timsonhill@gmail.com

2019 - 2020

Application for Admission

Timson Hill Preschool offers morning and full day programs 2, 3, or 5 days per week. Before and after school care are also available to support our working families. You may at any time request a drop-in day for a child by checking on availability with the Director at least one day in advance. **The following rates include the Vermont Projected Rebate to Families of \$3267.00. Should this rebate amount change, you will be notified of our updated rates.** Projected rates based upon this rebate are listed below.

	Annual Tuition	Act 166 Adjustment (\$3267)	10 Monthly Payments
7:30-8:30			
(M-F)	\$2100/yr	-	\$210/mo
(M,T,W)	\$1260/yr	-	\$126/mo
(Th,F)	\$840/yr	-	\$84/mo
8:30-12:00			
(M-F)	\$6300/yr	\$3035	\$303.50/mo
(M,T,W)	\$3780/yr	\$513	\$51.30/mo
8:30-12:00*			
(Th,F)	\$2800/yr	FREE	FREE
*variable schedule available 8 am - 1 pm (please see the Director for more information)			
8:30-3:30			
(M-F)	\$11,025/yr	\$7758	\$775.80/mo
(M,T,W)	\$6615/yr	\$3348	\$334.80/mo
(Th,F)	\$4410/yr	\$1143	\$114.30/mo
3:30-4:30			
(M-F)	\$2100/yr	-	\$210/mo
(M,T,W)	\$1260/yr	-	\$126/mo
(Th,F)	\$840/yr	-	\$84/mo
After School Care - THP Alumni/Siblings			
3:30-4:30			
(M-F)	\$2100/yr	-	\$210/mo
(M,T,W)	\$1260/yr	-	\$126/mo
(Th,F)	\$840/yr	-	\$84/mo

Drop in Rates:

Drop in Morning - 8:30am to noon	\$35
Drop in Afternoon - noon to 3:30pm	\$35
Drop in Full Day 8:30am to 3:30pm	\$65

Late pick-up fees for morning and afternoon programs are \$1.00 per minute. Please read the late policy in the Timson Hill Handbook for more information.

Please return this form, along with your \$25 per family non-refundable application fee. Applicants will be considered as soon as the application and fee are received. Thank you!

Timson Hill Preschool
Celebrating 30 Years - 1989 - 2019

P.O. Box 149, Williamsville, Vermont 05362 Telephone (802)348-6319 timsonhill@gmail.com

Personal Information

1. Child's Name _____ date of birth _____

2. Sibling's Names _____ date of birth _____
_____ date of birth _____

Please indicate (circle) your preference for number of program days and preferred schedule below:

Morning Program (8:30 am - 12:00 noon):

5 day (M - F) 3 day (M,T,W) 2 day (Th,F)*

*Varied schedule possible based on availability

Afternoon Program (12:00 noon - 3:30 pm):

5 day (M - F) 3 day (M,T,W) 2 day (Th,F)

Before Care (7:30 - 8:30 am) _____ After Care (3:30 - 4:30 pm) _____

\$25 Reg. fee enclosed: _____ **(please check)**

3. Parent/Guardian #1:

_____ address _____

home phone _____ email _____

place of work _____ work phone _____

email address _____

Parent/Guardian #2:

_____ address _____

home phone _____ email _____

place of work _____ work phone _____

email address _____

4. Name family members/friends (other than parents) who have permission to pick-up your child from school:

Name _____ relationship to child _____ daytime phone _____

Name _____ relationship to child _____ daytime phone _____

Name _____ relationship to child _____ daytime phone _____

Emergency information:

5. Name of Child's Doctor _____ phone _____

6. Whom should we contact in case of an emergency:

Name _____ relationship to child _____ daytime phone _____

Name _____ relationship to child _____ daytime phone _____

Name _____ relationship to child _____ daytime phone _____

Information to help us understand your child:

7. Please list any fears that your child may have that we should be aware of.

8. Does your child have any health problems we should be aware of? If so, please describe them.

9. Does your child have any allergies? If so, please list/describe them.

10. Does your child have any trouble with sleep? Please describe.

11. Does your child take any medication on a regular basis? If so, please list below.

12. Does your child have any special dietary needs? Please describe.

13. Are there any other concerns or comments about your child that you think would be helpful to the school to know? (Please note if you would like to discuss these in person with the Director and/or teachers.)

Thank you for your interest in Timson Hill Preschool. Please make a copy of this form for your records. Once accepted, you will receive a parent handbook, contract, emergency card, and annual permission slips. A school calendar and other relevant information will be sent home in August.

A refundable deposit of \$125.00 will be due no later than March 31, 2019 to finalize your registration. All deposits will be applied to your school account or refunded in June, 2020 once all school fees and contract obligations have been fulfilled.

If you have any questions, please contact the Director or any board member. Thank you for your interest in Timson Hill Preschool. We look forward to a successful year learning and growing with your child!