



Timson Hill Preschool

Celebrating 32 Years - 1989 - 2021

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

2021 - 2022

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 \$3356.00. 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 (\$3356) | 10 Monthly Payments |
|---|-------------------|--------------------------------|------------------------|
| 7:30-8:30 | | | |
| (M-F) | \$2145/yr | - | \$214.50/mo |
| (M,T,W) | \$1265/yr | - | \$126.50/mo |
| (Th,F) | \$860/yr | - | \$86.00/mo |
| 8:30-12:00 | | | |
| (M-F) | \$6430/yr | \$3074 | \$307.40/mo |
| (M,T,W) | \$3856/yr | \$500 | \$50.00/mo |
| 8:30-12:00* | | | |
| (Th,F) | \$2856/yr | FREE | FREE |
| *variable schedule available 8 am - 1 pm (please see the Director for more information) | | | |
| 8:30-3:30 | | | |
| (M-F) | \$11,246/yr | \$7890 | \$789.00/mo |
| (M,T,W) | \$6747/yr | \$3391 | \$339.10/mo |
| (Th,F) | \$4498/yr | \$1142 | \$114.20/mo |
| 3:30-4:30 | | | |
| (M-F) | \$2145/yr | - | \$214.50/mo |
| (M,T,W) | \$1265/yr | - | \$126.50/mo |
| (Th,F) | \$860/yr | - | \$86.00/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 arrival after 4:30 pm is \$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 for your interest in Timson Hill Preschool!

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

\$25 Application fee enclosed*: _____ ***na if your child will be attending the 10 hours provided by ACT 166 only**

3. Parent/Guardian #1:

name _____

address _____

home phone _____ email _____

place of work _____ work/cell phone _____

Parent/Guardian #2:

name _____

address _____

home phone _____ email _____

place of work _____ work/cell phone _____

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 learn more about 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 deposit of \$100 will be due upon acceptance to the program to finalize your registration. All deposits will be applied to your school account in June 2022 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!

Timson Hill Preschool is an equal rights institution, and does not discriminate against any person based on race, national origin, creed, faith, mental or physical challenges, or sexual orientation.



Method of Payment Page

Student Name: _____ Parent Name: _____

Tuition Discount Options & Payment Requirements

*Tuition paid in full by August 1st will be eligible for 2% off your balance.
*We require a form of payment on file with the school. Your credit card or checking account will be charged on 1st of each month for the upcoming month..

Does your child receive a subsidy through the state? Yes No

**Please be sure that your child's financial assistance certificate is up to date prior to the start of camp.*

How will tuition be paid? Credit Card/Debit Card Electronic funds transfer Other

Will tuition be paid in full? (discount credited at time of payment) Yes No, use installment payment option



Credit Card Information

Card Holder Name: (as shown on card) _____

Card Type: Mastercard Visa Discover Amex

Card Number: _____

Expiration Date: (mm/yy) _____

Cardholder ZIP Code _____

I, _____ authorize Timson Hill Preschool to charge my credit card above for tuition payments. I understand that my information will be saved to file for future transactions on my account.

Signature _____

Date _____



Electronic funds transfer

Account Holder Name: _____

ABA Routing Number: _____

Account Number: _____

Financial Institution Name: _____

Type of Account: Checking Savings

I, _____ authorize Timson Hill Preschool to withdraw funds from my bank account above for tuition payments. I understand that my information will be saved to file for future transactions on my account.

Signature _____

Date _____

This agreement will remain in effect until such time as written notification is received by Timson Hill from the card holder or the program term ends at which time this form will be destroyed.