

Preschool of the Arts

11 Science Ct. Madison, WI 53711 (608) 233-1707

2012-2013 Registration Contract

Child's Name: _____ Starting Date: September 2012
 School District: _____ Date of Birth: _____

CONTRACT: 9 month (Sept. 2012 - May 2013) 12 month (9 + Summer Program)
* summer program = June-August 2013

If available, would you be interested in applying for a PSA scholarship*? _____
 Criteria will include financial need.

If available, would you enroll your child at PSA for the Madison Metropolitan School District 4K**? _____
 **Please note that PSA may only offer MMSD 4K as a 5 day/week, full day program. **

BASED ON AGE AS OF 9/1/12		M	TU	W	TH	F
TODDLER (18-24 MOS.) FULL DAYS ONLY 3 or 5 days/wk	Full day					
		HALF DAYS NOT AVAILABLE				
2-YEAR-OLD 3 or 5 days/week	Full day					
	Half day					
3-YEAR-OLD 3 or 5 days/week	Full day					
	Half day					
3 - 4 YEAR-OLD MIXED-AGE GROUP 3 or 5 days/week	Full day					
	Half day					
4-Year-Old 3 or 5 days/week *limited number of spots for 3 days a week	Full day					
	Half day					
SPANISH CLASS 3-4 YEAR-OLD MIXED AGE GROUP 3 or 5 days/week	Full day					
	Half day					
MONTHLY TUITION REFER TO RATE SHEET FOR TUITION AMOUNTS						
		\$				

EXTRA SERVICES

REFER TO THE ATTACHED RATE SHEET FOR COSTS

INDICATE DAYS NEEDED

		M	TU	W	TH	F
BEFORE SCHOOL	7:30 - 8:00					
AFTER SCHOOL	3:30 - 5:30					
TOTAL COST PER MONTH						
		\$				

I have read the registration agreement and agree to these contract terms. By signing below, I am giving permission for my child to participate in the programs of the center and I am agreeing to pay the tuition fees listed according to the payment schedule for the year. I further understand that I will be required to sign a new contract if tuition fees change, or if any other terms of the contract are changed by the center. Finally, I understand that my child cannot attend the preschool unless I sign this contract below.

Parent's or Legal Guardian's Signature: _____ Date: _____