

4375 Highway 22
Mandeville, LA 70471

(985) 626-1627

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TUITION SCHEDULE 2009 - 2010

The Weekday School will follow the schedule of the St. Tammany Parish public school system.

<u>PROGRAMS</u>	<u>MONTHLY TUITION</u>	<u>ANNUAL TUITION</u>
Monday – Friday		
9 – 1 Extended Morning	\$ 290.00	\$ 2,755.00
9 – 3 Full Day	\$ 380.00	\$ 3,610.00
A.M. Care	\$ 75.00	\$ 712.50
P.M. Care	\$ 100.00	\$ 950.00
Monday, Wednesday, Friday		
9 – 1	\$215.00	\$2,042.50
9 – 3	\$250.00	\$2,375.00
Tuesday, Thursday		
9 – 1	\$165.00	\$1,567.50
9 – 3	\$190.00	\$1,805.00

There is a non-refundable registration fee of \$100.00, which is due with the application form. The first month's tuition is due May 1st or with the registration fee per late applicants registering.

A supply fee of \$50.00 will be due at the beginning of the school year in August.

New Covenant Weekday School
4375 Highway 22
Mandeville, LA 70471
(985) 626-1627

DATE: _____

Please register _____
For the New Covenant Presbyterian Weekday School 2008-2009 school year. I have indicated a **first and second choice** for the programs in which I am interested:

An application does not guarantee a place in the school. Priority will be given to members of New Covenant Presbyterian Church. The Children's Ministry Team will review the applications annually and will be responsible for the class rosters.

5 DAY PROGRAMS (For children 3 – 5 years old prior to 10/01/2009)

- | | |
|-------------------|------------------|
| _____ 9:00 – 1:00 | Extended Morning |
| _____ 9:00 – 3:00 | Full Day Program |
| _____ 7:30 – 9:00 | A.M. Care |
| _____ 3:00 – 5:00 | P.M. Care |

3 DAY PROGRAM (Monday, Wednesday, Friday) For children 2 – 3 years old prior to 10/01/2009 but no older than 4 by 10/01/09.

- | |
|-------------------|
| _____ 9:00 – 1:00 |
| _____ 9:00 – 3:00 |

2 DAY PROGRAM (Tuesday, Thursday) For children 2 – 3 years old prior to 10/01/2009 but no older than 3 ½ by 10/01/09.

- | |
|-------------------|
| _____ 9:00 – 1:00 |
| _____ 9:00 – 3:00 |

New Covenant Weekday School

NEW COVENANT WEEKDAY SCHOOL
4375 HIGHWAY 22
MANDEVILLE, LA 70471

985-626-1627

EMAIL: terrice@newcovenantpc.org

Name of Child _____

Child's Sex : _____

Address _____

City _____ State _____ Zip Code _____ Phone _____

Date of Birth _____ Parent's Names: _____

Father's Place of Employment: _____

Mother's Place of Employment: _____

Work Phone: Father's _____ Mother's _____

Cell Phone: Father's _____ Mother's _____

E-Mail Address: _____

Does child live with
Both parents?

Please print clearly -Please notify us by e-mail if it changes during the year.

Child's Doctor and Phone Number: _____

Siblings Names and Dates of Birth: _____

How long have you lived in this area? _____ Are you active in a local church? _____

May we ask which one? _____

How did you hear about the preschool? _____

Would you like more information about New Covenant church programs? _____

Previous schools your child has attended: _____

Have any of your children ever attended our Weekday School or C.D.I.? _____

HEALTH CONSIDERATIONS:

Contagious Diseases / Illnesses _____

Serious Accidents/ Injuries _____

Allergies _____

Other medical information that would assist us in better understanding your child's needs:

VOLUNTEER INFORMATION

Helping in classroom (Substituting) _____

Art Projects _____ Sewing _____

Holiday Projects _____ Special Talents _____

Signature of Parent or Guardian

DATE