



## 2026-2027 Bishop Fenwick Preschool

Thank you for choosing Bishop Fenwick Preschool. All children are engaged in child centered, multi-sensory learning activities every day. Activities change daily and are geared to support Kindergarten readiness. Bishop Fenwick Preschool's program is designed so that each child's physical, social, emotional, spiritual and academic needs are met on a daily basis. Our goal is for each child in our care to feel safe, happy and loved and to exit our Preschool program Kindergarten ready.

Please complete this form in its entirety and return along with your non-refundable \$25.00 registration fee. Payment in full is due before the first day of school or a FACTS monthly payment plan must be set up – no exceptions. In the case of early withdrawal or late start, months are not prorated; the tuition will be assessed based on the number of months attending. Aftercare will be invoiced monthly and you can remit payment online through the FACTS portal. All aftercare fees must be paid 10 days after the invoice date or your child will not be able to attend aftercare until paid. You will receive a form on our Aftercare guidelines.

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Parents/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

### FULL DAYS – 7:30AM – 2:30PM

- |  |                         |                |
|--|-------------------------|----------------|
| <input type="checkbox"/> Two Days: (Tuesday, Thursday)           | Annual Tuition: \$2,400 | Monthly: \$240 |
| <input type="checkbox"/> Three Days: (Monday, Wednesday, Friday) | Annual Tuition: \$3,540 | Monthly: \$354 |
| <input type="checkbox"/> Five Days: (Monday- Friday)             | Annual Tuition: \$5,830 | Monthly: \$583 |

### HALF DAYS – 7:30AM – 12:00PM

- |  |                         |                |
|--|-------------------------|----------------|
| <input type="checkbox"/> Two Days: (Tuesday, Thursday)           | Annual Tuition: \$1,670 | Monthly: \$167 |
| <input type="checkbox"/> Three Days: (Monday, Wednesday, Friday) | Annual Tuition: \$2,500 | Monthly: \$250 |
| <input type="checkbox"/> Five Days: (Monday-Friday)              | Annual Tuition: \$4,160 | Monthly: \$416 |

AFTERCARE PROGRAM (available daily)- 2:30–5:30

\$10.00 PER DAY – INVOICED MONTHLY

Please indicate days of planned attendance M \_\_\_ T \_\_\_ W \_\_\_ Th \_\_\_ F \_\_\_

Please indicate payment plan:

Submit payment in full to the school by the first day of school. Check and cash are accepted. The school does not accept credit or debit card payments at the school. If you are paying in full by card, set up your FACTS payment plan and select a one-time payment rather than monthly.

Financing tuition through a 10-month FACTS Payment Plan beginning 8/2025. You will be directed to set up a FACTS account and payment information.

Renewing FACTS Payment Plan for 10 months beginning in August. Make any necessary financial information changes.

I agree to remit payment of the tuition per the option selected above. I understand that my child cannot attend preschool until tuition is paid in full for the year or the FACTS payment plan is established. If you miss your FACTS monthly payment, your child cannot return until it is paid. There are no exceptions that the school can approve other than these two options.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Preschool Enrollment Application

Child's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Child's Date of Birth: \_\_\_\_\_ Gender: M \_\_\_ F \_\_\_

Previous preschool experience: \_\_\_\_\_

Anticipated years of preschool: \_\_\_\_\_

Elementary school your child will attend: \_\_\_\_\_

Is your child Catholic? \_\_\_ If so, which Parish do you attend? \_\_\_\_\_

Siblings (names and ages): \_\_\_\_\_

Parents' marital status: \_\_\_\_\_ Custody arrangements? Y \_\_\_ N \_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's address (if different from above): \_\_\_\_\_

Employer: \_\_\_\_\_ Business address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's address (if different from above): \_\_\_\_\_

Employer: \_\_\_\_\_ Business address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Please provide two people to contact in case of an emergency when the parent cannot be reached.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_