

If a parent or other family member has special skills and/or talents that they would be willing to share at the Day School please list below. Does not need to be professional level. Skills such as: cooking, sewing, computer, music, reading in classroom, carpentry (to help in repair of broken things), etc.

Name: _____ Phone _____

Skill:

Name: _____ Phone _____

Skill:

Name: _____ Phone _____

Skill:

FEEs for 2025-2026

Infant and Toddlers

DAY(S)	REGISTRATION & ACTIVITY FEE Due at Registration NON-REFUNDABLE	YEARLY TUITION	10 MONTH PAYMENT PLAN August – May
1 Day	\$110	\$1400	\$140
2 Days	\$110	\$1700	\$170
3 Days	\$115	\$2000	\$200
4 Days	\$115	\$2300	\$230
5 Days	\$120	\$2600	\$260

Twos, Threes, Fours, and Five Year Olds

	REGISTRATION & ACTIVITY FEE Due at Registration NON-REFUNDABLE	Yearly Tuition	10 Month Payment Plan August - May
2-, 3-, & 4-year-olds	\$200	\$2,050	\$205
5 yr Kindergarten	\$225	\$2,200	\$220

Early Bird

	Registration	Yearly Fee	10 Month Payment Plan
One Day	\$10	\$120	\$12
Two Days	\$10	\$240	\$24
Three Days	\$10	\$360	\$36
Four Days	\$10	\$480	\$48
Five Days	\$10	\$600	\$60

I understand and agree to the following:

Registration and Activity Fees: due at time of registration to confirm enrollment. **ALL ACTIVITY AND REGISTRATION FEES ARE NON-REFUNDABLE.** Failure to pay registration fee in full will forfeit your registration.

Tuition is a yearly amount. I have the option of paying the full amount upfront (Yearly Plan), one half each semester (Semester Plan), or in ten (10) equal payments, August – May (Payment Plan). I understand that I am obligated to pay all fees as listed on the fee agreement form within the time frame(s) listed. If on the payment plan, fees must be paid on the 1st day of each month. If the 1st is a holiday or weekend then I am responsible that my payment is received in the office before the 1st. If my child is withdrawn, I am responsible for all monthly fees for the month that the written notice of withdrawal is given to the office.

The Yearly Plan payment must be made on or before August 1, 2025. The first Semester Plan payment is due on or before August 1, 2025. The second Semester Plan payment is due the first day school resumes following Christmas Holidays. All other Payment Plan payments are due no later than the first day of each month, August – May.

I understand that all fees including but not limited to registration, tuition, activity fees are not refundable. Tuition fees that were paid by the year or semester are refundable depending on the date of withdrawal. Tuition fees paid on semester and yearly plan may have the possibility of a refund based on the date of withdrawal. If a child is withdrawn, parents are responsible for all monthly fees for the month that written notice of withdrawal is given to the office. All fees including registration, tuition, activity fees are not refundable.

Late Payment: Payment Plan payments are due on the 1st day of each month. Should the 1st fall on a holiday or weekend, payment must be in the office during office hours before the 1st to avoid late payment fees.

A. After 10 am on the 5th of each month, if tuition has not been paid, a \$25 late fee will be added per student.

B. After 10 am on the 10th of each month, if tuition has not been paid, a \$40 late fee will be added per student.

If tuition and all other fees become more than 30 calendar days past due, the student will be withdrawn from school. The student cannot reenroll until all past and current fees are paid. Reenrollment will be dependent upon availability. Late payment fees apply to each student, even if siblings.

Late Pick Up: Car pool pick up begins at 11:45. Car Pool will run as long as there are cars in the line. When there are no more cars in the line, any children not picked up will be taken to the office. **An initial \$5 late fee** is due if child is taken to the office. **Two dollars (\$2) will be charged for each minute from the time the child is brought to the office until the child is picked up. The initial late fee will increase to \$10 for the 2nd late pickup and \$20 for 3rd late pickup and beyond,** with the \$2 per minute still being applied. Beginning with the 4th offense, the fee will increase to \$3 per minute. Please make sure you are in line **NO LATER than 11:50** to avoid late pickup fees. If late pick up becomes an ongoing issue the matter will be turned over to the Day School Committee. Late fees will be applied for each child, even if siblings.

Returned Check Fee: \$20. Should there be a 2nd incident of a returned check all future payment and/or fees must be paid in cash.

Miscellaneous:

Children registering for a 3-year-old class **MUST** be completely potty trained. This includes snapping, buttoning, zipping, positioning of clothing items, and cleaning themselves.

Hebron Day School does not make up weather days or other days when school is closed due to emergency situations.

All students are required to have an up-to-date immunization record on file. Exemption forms are not accepted.

Photographs and Contact Information

Hebron Day School classes will take pictures of class events and post on private social media outlets. These pictures will never be used for any type of publicity. In addition, there are times when a Day School family will ask for contact information for the children in their child's class. This includes address and phone numbers. Pictures and contact information will never be given anyone not connected to the Day School

If you do not wish for your child's picture, image, likeness or contact information to be shared you will need to contact the Day School in writing.

By signing below, I agree to all policies of Hebron Day School:

Child's Name _____

Signature of Parent or Guardian

Date

Security Information

Child's Name _____ Home Phone _____

Mother's Name _____ Cell _____ Work _____

Father's Name _____ Cell _____ Work _____

In addition to the parents the following people are authorized to pick up my child. A photo ID will be required. If a parent is legally banned from picking up a child, the Day School office **MUST** have a copy of the court order denying a parent access to their child. I am responsible for either sending a note or giving the person picking up the security number for my child. Failure to do so may result in a late pick-up charge as the school will not release any child to anyone without proper identification.

Name:	Phone	Relation to child:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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

E-MAIL

We send our monthly newsletter by email. In addition, on an occasional basis, we need to send a mass email communication for emergency situations such as bad weather and school closings. There may be a few other times during the year that we would need to communicate with you by email. If you would like to be included in any mass email communication, please complete the information below. You may list as many emails as you wish. Your email will never be used or given to anyone other than officials at Hebron Day School. You may wish to include anyone who picks up your child from school in the event of an early dismissal due to weather conditions.

NAME	EMAIL ADDRESS – <u>Please print neatly</u> Distinguish between the letter "I" and the number "1"	Check the email to use for financial communication

Medical Information

Child's Name _____

Please list any health or medical conditions with which your child has experience such as allergies (include food, pet, and medication), asthma, diabetes, epilepsy, etc.

Please list any medications your child takes on a regular basis and reason:

In the event of an emergency and I cannot be reached, I authorize an adult representative of Hebron Day School, in whose care the above listed minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child (ren) pursuant to this authorization.

Family Doctor _____ Phone _____

Insurance: Company _____ Policy # _____

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