Cary Park District Preschool

2021 - 2022 Registration

smiles happen here!

Registration requirements:

- A copy of a birth certificate for all newly enrolled students.
- A $60.00 yearly, nonrefundable, per child registration process fee.
- All children must be completely toilet trained by the first day of school (no pull-ups).
- Proof of Cary Park District resident status.

Please Print

Circle One:

Preschooler's Name _____ Birthdate _____-_____-_____ **M F**

Parent's Name(s)_____ Phone (____) _____-_____

Address _____

Number Street City Zip

Email _____Name for labeling classroom items_____

3 Year Old Class (must be 3 on or before 12-31-21) - Space for younger 3s may be limited.

Days	*Time*	*Monthly Fee (resident/non-resident)*
_____ T Th	9:30 am-12:00 pm	$180.00/$225.00
_____ T W Th	9:15-11:45 am	$210.00/$263.00

3 Year Old Class (must be 3 on or before 9-1-21)

Days	*Time*	*Monthly Fee (resident/non-resident)*
_____ M W F	9:30 am-12:00 pm	$210.00/$263.00

4 Year Old Class (must be 4 on or before 9-1-21)

Days	*Time*	*Monthly Fee (resident/non-resident)*
_____ M-Th	9:15-11:45 am	$240.00/$300.00

4 Year Old Class (must be 4 on or before 9-1-21)

Days	*Time*	*Monthly Fee (resident/non-resident)*
_____ M-F	9:00-11:30 am	$275.00/$344.00

Tuition is based upon the number of scheduled school days. For your convenience, the yearly tuition has been divided into nine (9) equal monthly payments (as stated above). Tuition payments are due by the 1st of each month with the first payment due September 1. Payments received after 10:00 pm on the 6th of any month will be assessed a $20.00 late fee. Payments can be dropped off or mailed to the Community Center, 255 Briargate Road, Cary, IL 60013, paid online or set up an automatic payment plan. Payments are not accepted at the Preschool.

Please make all checks payable to the Cary Park District.

Parent Signature _____ Date _____ - _____ - _____

OFFICE USE ONLY

Registration Process Fee ($60.00): Cash _____ Check # _____ Visa/MC/Discover_____

Birth Certificate _____ Proof of residency verified _____ Staff Name_____

Sibling Discount: Sibling Name _____ Class Enrolled _____

White Copy - Accounting Yellow Copy - Preschool Pink Copy - Parent