



TRINITY-FIRST WEEKDAY SCHOOL

2020-2021 SCHOOL YEAR

August 10, 2020 - May 27, 2021

Following 2020 - 2021 EPISD Academic Calendar

PRE-KINDER ENROLLMENT CONTRACT

(4 yrs. on or before Sept. 30th)



| | | |
|--|------------------------------------|-------|
| Registration Fee/Supply Fee: (All Reg. Fees Non-Refundable) | \$350 | |
| Early Morning: 7:30 a.m. -8:30 a.m. | \$3.25 per hour or portion of hour | |
| Pre-Kinder Tuition | 8:30 - 11:30 a.m. | \$290 |
| After School Enrichment: 11:30 a.m. - 3:30 p.m. | \$3.25 per hour or portion of hour | |
| Extended 3:30 p.m. - 5:30 p.m. | \$4.00 per hour or portion of hour | |
| Full-Time | \$769 | |
| Tuition Due- 1 st five business days of the month- \$15 late fee (cash, check, or credit card subject to processing fee) | | |



- Specializing in Early Childhood since 1952 (68 yrs.)
 - 50/50 Dual Language Facility (Spanish and English)
 - Licensed Time to Sign Center- incorporating ASL throughout
 - Only Faith Based Program Accredited by the **N**ational **A**ssociation for **E**ducation of **Y**oung **C**hildren
 - Discounts: Siblings, Military, and Church Members \$20/per mo. each
 - Admission is not complete until full registration fee is paid.
- Bookkeeper- 915-533-2674 ext. 17

Day School Director: Mrs. Letty Ruvalcaba 533-2674 ext.23 letty@trinity-first.org

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ENROLLMENT CONTRACT 2020-2021

I understand that the registration/supply fee is non-refundable. If for any reason my child does not complete the full year, I will give the Director notice by the 15th of the current month. Otherwise, the following month's tuition will be applicable

Signature _____ Date _____

Child's Name _____ DOB _____

Primary Language: Spanish / English / Other _____

Parents/ Guardians: _____

Mom Cell: _____ Mom Work: _____

Dad Cell: _____ Dad Work: _____

Address: _____ Zip: _____

Text Message: Yes or No Carrier (i.e. ATT, T-Mobile) _____

E-mail: _____ Notices to E-mail: Yes or No

Initial one: AM only (ASE optional) _____ Full-Time (7:30-5:30p.m.) _____

Office Only- Reg. / Supply Fee
\$ _____ placed as deposit
Date _____ (Init.) _____
Date Total Complete _____
To be paid in full by July 31.

Revised 6/1/2020