



TRINITY-FIRST WEEKDAY SCHOOL

2024-2025 SCHOOL YEAR

August 5, 2024 - June 6, 2025. Pending EPISD

PRE-SCHOOL ENROLLMENT CONTRACT

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



(All Reg. Fees Non-Refundable)	
Registration Fee/Supply Fee:	\$350
Early Registration: (Before March 31)	\$300
Pre-School Monthly Tuition	8:30 a.m. - 11:30 a.m. \$340
Early Morning: 7:30 a.m. -8:30 a.m.	\$3.25 per hour or portion of hour
After School Enrichment Program: 11:30 a.m.- 3:30 p.m.	
Extended Day 3:30-5:30pm	\$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 (72 yrs.)**
- **50/50 Dual Language Program (Spanish and English)**
- **Licensed Time to Sign Center- incorporating ASL throughout**
- **Only Faith Based Program Accredited by the National Association for Education of Young Children**
- **Discounts: \$10/ Siblings, Military, and Church Member- \$20 max. discount per. mo.**
- **Admission is not complete until full registration fee is paid.**
- **Day School Director: Mrs. Letty Ruvalcaba 533-2674 ext.206**
- **Submit Form to tfdayschool@gmail.com**



TRINITY-FIRST WEEKDAY SCHOOL

(PS) ENROLLMENT CONTRACT 2024-2025

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: _____

Mother's Cell #: _____ Work #: _____

Father's Cell #: _____ Work #: _____

Address: _____ Zip: _____

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

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

Afterschool Program: Yes No Occasional / Approximate Pick-up time _____

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

Office Only- Reg. / Supply Fee
\$ _____ placed as deposit.
Date _____ (Int.) _____
Date Total Complete _____
To be paid in full by May 30