

2026/2027 REGISTRATION FORM

5632 Osprey Park Pl. , 813-662-5978



PLEASE CHECK PROGRAM REQUESTING

SUMMER	FALL
June 1st-Aug. 7th	Aug.10th-May 28th

TODDLERS:	FULL DAY ONLY	7:00 - 5:30	\$280.00		
TWOS CLASSROOM:	MWF 1/2 DAY	8:00 - 12:00	\$135.00		
	MWF EXT. DAY	8:00 - 2:00	\$175.00		
	T/TH 1/2 DAY	8:00 - 12:00	\$105.00		
	T/TH EXT. DAY	8:00 - 2:00	\$130.00		
	M-F 1/2 DAY	8:00 - 12:00	\$190.00		
	M-F EXT. DAY	8:00 - 2:00	\$235.00		
	M-F FULL DAY	7:00 - 5:30	\$260.00		
THREES CLASSROOM: also NON VPK	MWF 1/2 DAY	8:00 - 12:00	\$130.00		
	MWF EXT. DAY	8:00 - 2:00	\$165.00		
	T/TH 1/2 DAY	8:00 - 12:00	\$100.00		
	T/TH EXT. DAY	8:00 - 2:00	\$125.00		
	M-F 1/2 DAY	8:00 - 12:00	\$185.00		
	M-F EXT. DAY	8:00 - 2:00	\$225.00		
	M-F FULL DAY	7:00 - 5:30	\$250.00		
VPK CLASSROOM:	M-F 3 HOUR	7:45-10:45	no charge/no Reg. fee		Starts Aug. 11th
	M-F 1/2 DAY	8:00 - 12:00	\$95.00		
	M-F EXT. DAY	8:00 - 2:00	\$155.00		
	M-F FULL DAY	7:00 - 5:30	\$205.00		
AFTER SCHOOLERS:					
	5 Days After Care		\$115.00		
	3 Days After Care		\$105.00		
	SUMMER CAMP	Full Time	\$220.00		
ELEMENTARTY SCHOOL CLOSED DURING SCHOOL YEAR			\$200.00		

\$200.00 NON-REFUNDABLE ANNUAL INSURANCE/REGISTRATION FEE per child must be included with every registration.

10% DISCOUNT FOR SECOND AND THIRD OLDER CHILD off tuition only

VACATION WEEKS: PAY 1/2 TUITION

Upon withdrawal of a child, a 2 week notice must be given.

5% Military Discount with ID **3% Discount for cash payments** (All discounts only apply to tuition.)

*****IMPORTANT***:** If you register for a **any** program and your child is out any of the weeks, you are

responsible for 1/2 tuition. We commit to our staff to be here and 1/2 of the school's

tuition goes to teacher's salaries. **This applies to all programs offered at the Center.**

*INITIALS _____

If your child attends even one day, it is their normal tuition rate for the week.

Child's Name: _____ **Date of Birth:** _____ **Male:** _____ **Female:** _____

Mother's Name: _____ **Cell Phone:** _____ **Email:** _____

Father's Name: _____ **Cell Phone:** _____ **Email:** _____

Address: _____

Check #: _____ **Cash:** _____ **Amount:** _____ **Date of Registration:** _____

* no fee required for 3 hour program