



PLAN “A” – 12 INSTALLMENTS (September, 2023 – August, 2024)

	ANNUAL FEES	MONTHLY INSTALLMENT
<input type="checkbox"/> 5 DAYS-7:00-6:00PM	\$13,140.00	\$1,095.00
<input type="checkbox"/> 5 DAYS-9:00-3:30PM	\$11,424.00	\$ 952.00
<input type="checkbox"/> 5 DAYS-9:00-12:00PM (4 Days Tuesday – Friday Only)	\$ 8,232.00	\$ 686.00
<input type="checkbox"/> 4 DAYS-7:00-6:00PM	\$13,044.00	\$1,087.00
<input type="checkbox"/> 4 DAYS-9:00-3:30PM	\$10,548.00	\$ 879.00
<input type="checkbox"/> 4 DAYS-9:00-12:00PM (3 DAYS T, W, TH)	\$ 7,404.00	\$ 617.00
<input type="checkbox"/> 3 DAYS-7:00-6:00PM	\$11,232.00	\$936.00
<input type="checkbox"/> 3 DAYS-9:00-3:30PM	\$ 8,508.00	\$709.00
<input type="checkbox"/> 3 DAYS-9:00-12:00PM	\$ 6,840.00	\$570.00

PLAN “B”-10 INSTALLMENTS (September, 2023 -June, 2024)

<input type="checkbox"/> 5 DAYS-7:00-6:00PM	\$ 11,360.00	\$1,136.00
<input type="checkbox"/> 5 DAYS-9:00-3:30PM	\$ 9,270.00	\$ 927.00
<input type="checkbox"/> 5 DAYS-9:00-12:00PM (4 Days Tuesday – Friday Only)	\$ 6,830.00	\$ 683.00
<input type="checkbox"/> 4 DAYS-7:00-6:00PM	\$ 10,820.00	\$1,082.00
<input type="checkbox"/> 4 DAYS-9:00-3:30PM	\$ 8,400.00	\$ 840.00
<input type="checkbox"/> 4 DAYS-9:00-12:00PM (3 DAYS T, W, TH)	\$ 6,030.00	\$ 603.00
<input type="checkbox"/> 3 DAYS-7:00-6:00PM	\$ 9,080.00	\$908.00
<input type="checkbox"/> 3 DAYS-9:00-3:30PM	\$ 6,830.00	\$683.00
<input type="checkbox"/> 3 DAYS-9:00-12:00PM	\$ 4,840.00	\$484.00

Daycare is billed at \$8.00 per hour or any part thereof.

Please Note: Annual tuition fees and monthly installments are based on annual attendance *not* monthly attendance. 1ST Tuition installment is due on September 1, 2023.

Annual Fees:

Application fee	\$ 35.00 (for new enrollment only)
Annual Registration fee	\$275.00
Annual Supply Fee	\$100.00

****Application and registration fees are non-refundable****

Monthly Snack Fees :

- \$35.00 for the 5 day programs
 - \$30.00 for the 4 day programs
 - \$25.00 for the 3 day programs
- I will be providing daily snack for my child

Pizza for lunch on Fridays \$4.00



Registration Form – 3-6 Classroom 2023-2024 School Year

Student's Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #
City State ZIP Code

Phone: _____ Email: _____ Student's DOB: _____

3-6 Classroom Program Dates

See TUITION SCHEDULE for Program choices

Check one: [] Plan A [] Plan B [] Custom Annual Fee: _____
Program: [] 3 Days [] 4 Days [] 5 Days Monthly Installment: _____

Application fee \$ 35.00 (for new enrollment only)
Annual Registration fee \$275.00
School Supply Fee \$100.00

Application and registration fees are non-refundable

DISCOUNTS

10% discount applies to annual tuition paid in full on or before September 1, 2023
10% for the second child (or more) on the annual/monthly tuition fee only
10% discount for Service Employees (i.e., military, fire, police, !st responders)

DAYCARE

Daycare hours are from 7:00am-8:50am, and from 3:40pm-6:00pm billed at \$8.00 per hour or any part thereof.
There is a penalty of \$8.00 per minute if your child is picked up after 6:00pm (see Family Handbook).

TUITION

- All tuition installments are due on the first of each month, beginning September 1, 2023.
A \$40.00 late fee will be added to your monthly statement after the 10th of each month.
After 10 days if the tuition is still unpaid, OMS will not accommodate student until the past due amount is paid or payment arrangements have been made.
If after 30 days there is still an outstanding balance, all past due accounts will be turned over to the appropriate collection service.

I understand the fee policies and payment plans and acknowledge that I am responsible for following the payment schedule and will pay tuition promptly when due.

I acknowledge that I have read and understand the Family Handbook which includes the infectious disease policy and/or have attended the annual Family Orientation.

X
PARENT / GUARDIAN SIGNATURE

X
PARENT / GUARDIAN SIGNATURE



Student's Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Male / Female: _____ Student's DOB: _____

Parent/Guardian Information- all fields must be complete.

Parent/Guardian:		Parent/Guardian:	
Address:		Address:	
Home Phone:		Home Phone:	
Occupation:		Occupation:	
Employer:		Employer:	
Employer Address:		Employer Address:	
Work Phone:		Work Phone:	
Cell Phone:		Cell Phone:	
Email:		Email:	

The following people **ARE** allowed to pick-up my child:

Please provide copies of Driver's Licenses for all authorized people on your pick up list including parents.

Authorized

Name/Relationship _____
 Name/Relationship _____
 Name/Relationship _____
 Name/Relationship _____

NOT Authorized

Name/Relationship _____
 Name/Relationship _____
 Name/Relationship _____
 Name/Relationship _____

If either parent/guardian is listed above, proper legal documentation is required. Any changes to pick up authorizations must be submitted in writing with signatures from both legal guardians/parents.

-----**Office Use Only**-----

Program Start Date:

Program End Date:



Student's Name: _____ Date: _____
Last First M.I.

Allergies or medical conditions? _____

Childhood diseases: Chicken pox: [] Measles: [] Mumps: [] Other: _____

YOU MUST INCLUDE A COPY OF YOUR CHILD'S IMMUNIZATION RECORDS. THIS MUST INCLUDE THE SIGNATURE OF YOUR DOCTOR AND THE ADDRESS OF THEIR OFFICE.

My child has had (check all that apply): Exam
[] Wellness Date: (MM/YY)
[] Dental Date: (MM/YY)
[] Vision Date: (MM/YY)
[] Hearing Date: (MM/YY)

[] My child has not had all of the above Exams, and I have received a copy of Resources for Immunization and Wellness Checks.

EMERGENCY CONTACTS

State Regulations require 2 emergency contacts that live in or close to Albuquerque. Registration cannot be completed without this information.

Friends or relatives who can be contacted if parents cannot be reached:

Name: _____ Name: _____
Address: _____ Address: _____
Home Phone: _____ Home Phone: _____
Work Phone: _____ Work Phone: _____
Cell Phone: _____ Cell Phone: _____

Name and phone number of family Doctor or Medical Facility to call in case of emergency: _____

I give my permission for emergency medical:

Transportation - [] Yes [] No Treatment- [] Yes [] No

X
PARENT / GUARDIAN SIGNATURE

X
PARENT / GUARDIAN SIGNATURE