



**Tuition / Fee Schedule – Infant / Toddler Classrooms** **2023-2024 School Year**

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

	<b>ANNUAL FEES</b>	<b>MONTHLY INSTALLMENT</b>
<input type="checkbox"/> 5 DAYS-7:00-6:00PM	\$13,644.00	\$1,137.00
<input type="checkbox"/> 5 DAYS-9:00-3:30PM	\$11,784.00	\$ 982.00
<input type="checkbox"/> 5 DAYS-9:00-12:00PM (4 Days Tuesday – Friday Only)	\$ 8,676.00	\$ 723.00
<input type="checkbox"/> 4 DAYS-7:00-6:00PM	\$13,452.00	\$1,121.00
<input type="checkbox"/> 4 DAYS-9:00-3:30PM	\$11,088.00	\$ 924.00
<input type="checkbox"/> 4 DAYS-9:00-12:00PM (3 DAYS T, W, TH)	\$ 7,764.00	\$ 647.00
<input type="checkbox"/> 3 DAYS-7:00-6:00PM	\$11,784.00	\$982.00
<input type="checkbox"/> 3 DAYS-9:00-3:30PM	\$ 8,928.00	\$744.00
<input type="checkbox"/> 3 DAYS-9:00-12:00PM	\$ 7,176.00	\$598.00

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

<input type="checkbox"/> 5 DAYS-7:00-6:00PM	\$ 11,420.00	\$1,142.00
<input type="checkbox"/> 5 DAYS-9:00-3:30PM	\$ 9,650.00	\$ 965.00
<input type="checkbox"/> 5 DAYS-9:00-12:00PM (4 Days Tuesday – Friday Only)	\$ 7,180.00	\$ 718.00
<input type="checkbox"/> 4 DAYS-7:00-6:00PM	\$ 11,250.00	\$1,125.00
<input type="checkbox"/> 4 DAYS-9:00-3:30PM	\$ 8,850.00	\$ 885.00
<input type="checkbox"/> 4 DAYS-9:00-12:00PM (3 DAYS T, W, TH)	\$ 6,330.00	\$ 633.00
<input type="checkbox"/> 3 DAYS-7:00-6:00PM	\$ 9,540.00	\$954.00
<input type="checkbox"/> 3 DAYS-9:00-3:30PM	\$ 7,190.00	\$719.00
<input type="checkbox"/> 3 DAYS-9:00-12:00PM	\$ 5,080.00	\$508.00

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. 1<sup>ST</sup> 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 – Infant / Toddler Classrooms 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: \_\_\_\_\_

Infant / Toddler 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



**Enrollment Form - Infant / Toddler Classrooms** **2023-2024 School Year**

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