

**BEEMAN PARK PREPARATORY SCHOOL**

2300 Ridge Avenue ~ Orlando, FL 32803 ~ PHONE 407-894-5121 ~ FAX 407-894-6579 ~ www.BeemanPark.com

**REGISTRATION INFORMATION**

**2008-2009 FEE SCHEDULE**

<b><u>PRE-SCHOOL – Half Day</u></b> (8:30 am – 12:30 pm)	<b><u>PRE-SCHOOL Extended – Care</u></b> (7:30 am – 6pm)	<b><u>ELEMENTARY (K thru 5)</u></b> (8:30 am – 3pm)
Tuition.....\$3600.00	\$100.00 per month	Tuition .....\$4600.00
Registration.....\$300.00	Includes:	Registration .....\$400.00
Total.....\$3900.00*	Before and After School Care	Total.....\$5000.00*
		Includes:
		Before and After School Care

**\* Does not include cost of school uniforms, field trips, or end of year play.**

**Fees and Payments**

**Registration Fee**- A nonrefundable REGISTRATION FEE must be paid in full at the time an application is submitted. After an application is accepted, the fee will not be refunded.

**Monthly Tuition** – Our School’s Tuition is based on an ANNUAL FEE and is due in full on the first school day of each month regardless of scheduled school breaks. For your convenience, it has been broken into ten (10) equal monthly payments, beginning August 1<sup>st</sup> through May 1<sup>st</sup>.

<b><u>PRE-SCHOOL</u></b> \$360.00 per month	<b><u>PRE-SCHOOL With Extended Care</u></b> \$460.00 per month	<b><u>ELEMENTARY</u></b> \$460.00 per month
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**Late Fee** for monthly tuition of \$25.00 will be charged to any account past due by the 8<sup>th</sup> of the month.

**Late Pick-Up Fee** of \$1.00 per minute (by school’s clock) will be charged after 6:00 pm. This is payable no later than the following school day.

**Returned Checks**- A \$20.00 service fee will be charged for all returned checks.

**Tutoring** is available for an additional charge of \$35.00 per hour.

**Acknowledgement of Fees and Obligation**

I understand and agree to the following terms:

The REGISTRATION FEE is nonrefundable after a child has been accepted for admission.

MONTHLY TUITION shown above is due in full on the first SCHOOL DAY of each month, whether or not my child attends school.

LATE FEE for monthly tuition of \$25.00 will be charged to any account past due by the 8<sup>th</sup> of each month. A \$20.00 service fee will be charged for all returned checks.

A late pick-up fee of \$1.00 per minute (by the school’s clock) will be charged after 6:00 pm.; payable no later than the following school day.

Beeman Park Preparatory School reserves the right to dismiss any child whose tuition and fees have not been paid IN FULL or whose behavior or academic performance, in the judgment of the school, falls below Beeman Park Preparatory School standards.

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

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2008-2009 REGISTRATION FORM

Enrollment Program:

Enrollment Date \_\_\_\_\_

(MM / DD / YY)

Pre-K4 K 1 2 3 4 5 Extended Care

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_
First Middle Last Name Child Goes By

Date of Birth \_\_\_\_\_ Sex: \_\_\_\_\_ Social Security No. \_\_\_\_\_
(MM / DD / YY)

Mother's Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Occupation \_\_\_\_\_
First Middle Last

Father's Name: \_\_\_\_\_ Social Security No. \_\_\_\_\_ Occupation \_\_\_\_\_
First Middle Last

Table with 5 columns: Home Address, Phone, Employer and Address, Work Phone. Rows for Mother and Father.

Parents are: Married Separated Divorced Student Resides With: \_\_\_\_\_

EMERGENCY INFORMATION ~ CELL PHONES: Mother \_\_\_\_\_ Father \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_
Yes No School may call another physician if child's physician can't be reached.

Allergies or other important medical information: \_\_\_\_\_

List Any Physical, Emotional, or Learning Difficulties: \_\_\_\_\_

Individuals Allowed to Remove Child from School or To Be Notified in Case of Accident or Illness:

Mother: Yes No Father: Yes No Legal Guardian: Yes No

Other Names with Permission to Remove Child or To Be Contacted In Case of Emergency:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that the above information is complete, accurate and promises to keep updated. I understand that false statements on the above form may result in dismissal of student.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Beeman Park has an open admission policy and does not discriminate on the basis of race, sex, religion or ethnic origin.