

Continental Preschool INCLUSION & DUAL LANGUAGE ENRICHMENT

Enrollment Contract 21-22

Thank you for your interest in our Preschool Programs. Please read the handbook carefully.

Child's Name _____ Date of Birth _____ Date to begin _____

Parent Email Address (s) _____

Text Message Number(s) _____

Located on the Continental campus, 1991 E. Whitehouse Canyon Road,
Building B
Green Valley, AZ 85614 (520) 625-4581 extension 7343

Program Times and Fees: 7:15-5:00 Monday-Friday

Continental Preschool follows the Continental School District
Calendar. We are closed on INSERVICE DAYS.

Peers in Preschool (PIPS) Classes (Green Room: Special Needs Inclusion/Peers) w/certified teacher

Pre-Kindergarten (4/5 yrs.) Tues/ Thurs/Fri **11:30-2:30** \$26.00/day

Discovery (3/4 yrs.) Tues/Thurs/Fri **7:30-10:30** \$26.00/day

Children with an IEP attend with no tuition fees during the session.

Add care to a morning session 10:30-3:00 \$20.00/day or 10:30-5:00 \$25.00/day
(\$32.00 per day maximum charge)

Dual Language Enrichment Preschool (Blue Room: Mixed Ages: 3-5
years) Mondays through Fridays **7:15-5:00**, fulltime students attend this
class. \$155 per week (\$31/day) to 3:00 pm or \$160 per week (\$32)
to 5:00 pm.

Meals

Breakfast, Lunch and Snack Daily at district rate/free lunch applies.
Students may bring own meals and snacks.

Please initial all the below after reading each item.

_____ Yearly Registration Fee: **\$50.00 first child**, \$75.00 family due on first day of enrollment.

Continental School District Staff receive a 30% reduction in daily tuition.

_____ **The preschool closes at 5:00.** If you do not pick up your child **by 5:05**, you will be
assessed a \$5.00 per minute fee. If late fee is not paid, child will not be able to attend school
until fees are paid.

_____ Tuition is due on the child's first scheduled day of school each week. If payment is not
received, parent will be notified that the child's ability to attend preschool will be suspended
until tuition and a late fee of \$25.00 is paid, strictly enforced.

_____ **No reduction fees if child is absent due to illness, holiday or family vacation,
except for days that the school is closed (Continental School District Calendar).**

NO refunds.

Total weekly amount that I will owe in advance each week \$_____ I have read, understand and
agree to support the policies and procedures stated in the parent handbook and on the
enrollment contract.

Parent Signature _____ Date _____