

REGGIO & CO. TUITION VERIFICATION FORM

APPLICANT: _____
First Name Last Name

SCHEDULE: SUMMER 2022

SCHEDULE: FALL 2022-2023

START DATE: _____
(If other than the 1st day of the program.)

START DATE: _____
(If other than the 1st day of the program.)

Full-Time:

Full-Time:

Mon - Fri \$1,200/Mo. **OR** \$3,000 Paid In Full
Mon/Wed/Fri \$ 750/Mo. **OR** \$1,875 Paid in Full
Tue/Thu \$ 550/Mo. **OR** \$1,375 Paid in Full

Mon - Fri \$1,200/Mo. **OR** \$11,400 Paid In Full
Mon/Wed/Fri \$ 750/Mo. **OR** \$ 7,125 Paid in Full
Tue/Thu \$ 550/Mo. **OR** \$ 5,225 Paid in Full

Part-Time (Mornings):

Part-Time (Mornings):

Mon - Fri \$ 900/Mo. **OR** \$2,250 Paid in Full
Mon/Wed/Fri \$ 650/Mo. **OR** \$1,625 Paid in Full
Tue/Thu \$ 450/Mo. **OR** \$1,125 Paid in Full

Mon - Fri \$ 900/Mo. **OR** \$8,550 Paid in Full
Mon/Wed/Fri \$ 650/Mo. **OR** \$6,175 Paid in Full
Tue/Thu \$ 450/Mo. **OR** \$4,275 Paid in Full

FEES (Non-Refundable):

A **NON-REFUNDABLE \$50.00 APPLICATION FEE** will be invoiced **FOR EACH SESSION** upon receipt of this application and payable within 5 days of invoicing. A seat for your child will not be held until the application fee is received by Reggio & Co.

A **NON-REFUNDABLE \$300.00 DEPOSIT** will be invoiced **FOR EACH SESSION** to hold this applicant's seat and used as a credit against the first tuition invoice. The deposit will be payable within 5 days of invoicing and **WILL NOT BE REFUNDED** if the applicant withdraws for any reason.

Please provide the name of one primary and one secondary contact responsible for tuition payments:

PRIMARY: _____
Name Email Address

SECONDARY: _____
Name Email Address

This Tuition Verification Form contains the basic REGGIO & CO. tuition information. As the responsible PRIMARY PARTY, my signature below acknowledges responsibility for the tuition amount selected above, in its entirety, unless written notice is provided by the 18th of the month for an early withdrawal.

PRIMARY SIGNATURE: _____ **DATE:** _____

Reggio & Co. Enrollment Application

Please Select Application Session(s): Summer 2022 and/or Fall 2022-2023

Bio			
First Name:	Last Name:	Middle Name:	Preferred Name:
Gender:	Date of Birth:	City of Birth:	State of Birth:
Religion (optional):		Languages spoken:	
Members in household:			
Name:	Age (if under 18 only.):	Relationship:	
Health			
Does your child have a medical condition?	Yes	No	
Please explain:			
Does your child have a psychiatric condition?	Yes	No	
Please explain:			
Does your child have any allergies?	Yes	No	
Please list:			
Does your child take any prescription medication?	Yes	No	
Please list:			
Does your child have any dietary restrictions?	Yes	No	
Please explain:			
Does your child sleep alone?	Yes	No	Pacifier for bed?
		Yes	No
Three words that describe your child's personality:	1.	2.	3.
Please list the top three of your child's likes:	1.	2.	3.
Please list the top three of your child's dislikes:	1.	2.	3.
If you have any concerns regarding your child's development, please explain:			
Education			
Has your child previously been in an early childhood education/school environment? Yes No			
Name of previous school: _____ Please rate your experience (on a scale of 1-10): _____			
Briefly explain:			

Has your child been observed by any of the following?	Yes	No
(check all that apply):	Infants & Toddlers	ChildFind
	Other early intervention program: _____	

Would you like your child to be evaluated for early intervention?	Yes	No
Do you have any concerns about your child's development?); Briefly explain:		

PRIMARY GUARDIAN INFORMATION - Child's primary residence.

Legal Guardian 1: Guardian to be contacted first in case of an emergency.

First Name:	Last Name:	MI:	Relationship to Child:
Email Address:		Cell Phone:	Other Phone:
Occupation:			
Employer & Work Address			
Work Hours:	Home Address:		

Legal Guardian 2

First Name:	Last Name:	MI:	Relationship to Child:
Email Address:		Cell Phone:	Other Phone:
Occupation:			
Employer & Work Address			
Work Hours:	Home Address:		

As a legal guardian of the applicant, I certify all the above information is true and correct. I understand this information is being provided for preschool placement and administrative purposes. I also understand that Reggio & Co. Administration may verify the information on this form and deliberate misrepresentation will jeopardize my child's placement with Reggio & Co.

NAME: _____

SIGNATURE: _____

DATE: _____

Please send any questions to info@reggioandco.com.

Reggio & Co. preschool applications will be protected as proprietary data. School Administrators use this information to determine if your child is eligible for placement in our program and to provide necessary information to our staff for school-related purposes only. The name and eligibility status of your child may be provided to Maryland State Licensing Officials, if requested, as part of maintaining Reggio & Co.'s license to operate; however, no other use of this information is permitted without the consent of the primary guardian. Please report any misuse of data to theresagesualdi@reggioandco.com. Reggio & Co. makes the promise to investigate any situation and take appropriate action, up to and including termination of employee(s) involved and legal action against ex-employee(s), if warranted.