



Early Foundations Inc

112 Byerly Drive

Jeannette, Pa 15644

724-744-0114

Earlyfoundationsacademy@gmail.com

Efa.afterschool@gmail.com

4 year old preschool Registration & Fee Agreement 2026

Your child must be 4 years old on or before September 1st. Your child **must** be potty trained and independent in the restroom. Aug/Dec tuition is prorated.

****Services provided: academic readiness, care, activities, snacks and materials**

☐ AM 9:00-11:30

☐ PM 12:30-3:00

Monday/Wednesday/Friday

_____ Preschool only - Tuition \$200 per month

_____ Preschool w/extended care (9-6pm) - Tuition \$330 per month

_____ Preschool w/full extended care (6:30-6) - Tuition \$390 per month

_____ Daycare option - \$212.50 wk/5 days, \$172 wk/4 days, \$130.50 wk/3 days,
\$88 wk/2 days, \$44 wk/1 day

Fee amount \$_____ per month (Daycare extra and billed weekly)

****Early Foundations will follow the Penn Trafford school district calendar****

☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri (Please select days needed)

Credits will **not** be issued for any absences, closed days, emergency closures or vacations. \$10 will be charged for late payments. \$5 charged for each 5 minutes late after 6 pm.

Child's name _____ male/female

Age (at time of registration): _____ Birthdate: _____ / _____ / _____

Allergies _____

Address: _____

Mother's name _____ phone: _____

Email: _____

Father's name: _____ phone: _____

Email: _____

Has your child ever attended any preschool/childcare prior/where? _____

How did you hear about our program? _____

Arrival time: _____ Departure time: _____

Date of Child's Admission (office use only): _____

Releases & Permissions:

- **Photo release** (please circle one and initial)

I DO/ DO NOT give Early Foundations, Inc. permission to use photographs of my child taken during class time, playground time, school functions and/or field trips. These photos will only be used internally and will be posted inside the classrooms and hallways for teacher education and historical record. I also understand that all photos will be available for review should I request to do so. _____

I DO/ DO NOT give permission for photographs of my child to be used for publicity purposes on the school website, brochures or other means of publicity. I understand that my child will not be identified by name when photos are used for publicity purposes. _____

- **Sunscreen Permission** (please initial)

If you would like your child to wear sunscreen outdoors, please provide a bottle of your preferred sunscreen SPF 15 or higher. All bottles must be labeled with your child's name. _____

- **Please list any and all persons designated by parents/guardians to whom the child may be released**

All parents and persons listed on the emergency contact form and additional persons listed below

55Pa code chapters 3270.123 & 181(c); 3280.123 & 181(c); 3290.123 & 181(c)

I, the parent/guardian

- ☐ Verify that all of the above information is true and accurate
- ☐ Verify that I received written program information prior to enrolling (electronically)
- ☐ Agree to update the emergency contact and registration fee agreement whenever changes occur or every 6 months at a minimum.
- ☐ Will provide child's physical upon enrolling and annually thereafter.

Parent/guardian signature

date

cash/check #

Early Foundations administrator

date

The '26 - '27 registration fee of \$50 (per family) must accompany this registration form. This fee is non-refundable. Incomplete registrations will not be processed. Please make checks payable to Early Foundations Inc. Acceptance is not official until you have received an acceptance notice.

REVIEW:

Signature of parent/guardian

date

Signature of parent/guardian

date

Signature of parent/guardian

date



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“Where you create a solid foundation to build endless stories of success!”