

TOT TIME PRESCHOOL

PRE- KINDERGARTEN

FOUR YEAR OLD PROGRAM : 2024-2025

SCHOOL RUNS FROM SEPT. 4TH- JUNE 20TH - * SUBJECT TO CHANGE
WE FOLLOW THE CORNWALL CENTRAL SCHOOL DISTRICT CALENDAR

MUST BE AGE 4 BY DECEMBER 1 ST, 2024

OUR FOUR YEAR OLD PROGRAM FOLLOWS A CURRICULUM BASED ON THE NYS COMMON CORE STANDARDS AND EARLY LEARNING GUIDELINES. EACH WEEK YOUR CHILD WILL FOCUS ON A SPECIFIC LETTER AND WEEKLY THEME. OUR PRE-KINDERGARTEN PROGRAM IS TAILORED TOWARDS GETTING YOUR PRESCHOOLS DEVELOPMENTALLY AND EDUCATIONALLY READY FOR KINDERGARTEN. EACH MORNING SESSION ENDS WITH LUNCH. ALL SESSIONS INCLUDE SWIM AND TENNIS LESSONS BY OUR CERTIFIED STAFF. FULL DAY SESSIONS INCLUDE MUSIC, INTRO TO SPANISH AND A GYM CLASS.

FOUR YEAR OLD PROGRAM	MEMBER FEES PER MONTH		NON-MBR FEES PER MONTH	
	CASH	CREDIT	CASH	CREDIT
MONDAY- FRIDAY 9:00AM- 12:30 PM	\$430	\$442	\$500	\$515
MONDAY- FRIDAY 9:00AM- 3:00 PM	\$665	\$685	\$730	\$751
MONDAY, WEDNESDAY, FRIDAY 9:00AM- 12:30 PM	\$350	\$360	\$430	\$442
MONDAY, WEDNESDAY, FRIDAY 9:00AM- 3:00 PM	\$475	\$489	\$575	\$593
TUESDAY, THURSDAY 9:00AM- 12:30 PM	\$250	\$257	\$330	\$340
TUESDAY, THURSDAY 9:00AM- 3:00 PM	\$350	\$360	\$410	\$423

REGISTRATION FEE: \$100.00 (NON REFUNDABLE)

CONTACT OUR CHILDREN'S PROGRAMMING
DIRECTOR, DANIELLE RUSSO
DRUSSO@SPORTSPLEX-NW.COM
FOR A TOUR AND ENROLLMENT



SPORTSPLEX

"TO INSPIRE AN ACTIVE LIFE"

2902 US RT 9W
NEW WINDSOR NY 12553
845-565-7600

SPORTSPLEX PRE-SCHOOL

REGISTRATION

CHILD'S NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

TUITION IS DUE BY THE 25TH OF EACH MONTH. A \$100.00 REGISTRATION FEE ARE DUE UPON REGISTRATION, THE REMAINING NICE WILL BE BILLED ON YOUR CLUB ACCOUNT OR CREDIT CARD (NON- MEMBERS MUST HAVE A CREDIT CARD ON FILE.)

I REALIZE THAT NO REFUND OF FEES WILL BE MADE FOR WITHDRAWAL OR ABSENCES. I UNDERSTAND THAT THE SCHOOL RESERVES THE RIGHT TO REQUEST WITHDRAWAL OF MY CHILD AT ANY TIME FOR REASONS CONSISTENT WITH THE PROGRAM.

IF YOU WISH TO WITHDRAW YOUR CHILD FROM PRESCHOOL OR CHANGE THE NUMBER OF DAYS, WE NEED 30 DAYS WRITTEN NOTICE. UNLESS WE RECEIVE WRITTEN NOTIFICATION YOU WILL BE FINANCIALLY RESPONSIBLE FOR YOUR CHILD'S TUITION.

I HAVE READ AND AM FAMILIAR WITH THE TERMS AND CONDITIONS IN THE WAIVER OF LIABILITY LISTED BELOW: IT IS EXPRESSLY AGREED THAT ALL EXERCISES AND TREATMENTS AND USE OF EQUIPMENT AND FACILITIES OF SPORTSPLEX ARE AND SHALL BE UNDERTAKEN AT MEMBER AND MEMBER'S MINOR CHILDREN'S SOLE RISK, AND THAT THE MEMBER ASSUMES THE RISK OF ANY INJURIES HE OR SHE OR THE MEMBER'S MINOR CHILDREN MAY SUFFER WHILE USING ANY OF THE EQUIPMENT OR THE FACILITIES AT SPORTSPLEX, AND THAT SPORTSPLEX SHALL NOT BE LIABLE FOR ANY CLAIMS, DEMANDS, INJURIES, DAMAGES ACTIONS OR CAUSES OF ACTION WHATSOEVER TO THE MEMBER, THE MEMBERS MINOR CHILDREN OR PROPERTY ARISING OUT OF OR CONNECTED WITH THE USE OF ANY SERVICES, EQUIPMENT AND /OR FACILITIES OF SPORTSPLEX, OR OF THE PROPERTY OR PREMISES WHERE SAME LOCATED, AND THE MEMBER DOES HEREBY EXPRESSLY FOREVER RELEASE AND DISCHARGE SPORTSPLEX FROM ALL SUCH CLAIMS, DEMANDS, INJURIES, DAMAGES OR CAUSES OF ACTION FROM ALL ACTS OF NEGLIGENCE, ACTIVE OR PASSIVE AND ALL OTHER FAULTS ON THE PART OF SPORTSPLEX, ITS SERVANTS, AGENTS OR EMPLOYEES.

I HAVE READ THE ABOVE AND AGREE TO REGISTER MY CHILD IN PRESCHOOL. I AGREE TO NOTIFY SPORTSPLEX IN WRITING IF I INTEND TO WITHDRAW MY CHILD FROM THE PROGRAM.

SIGNATURE _____ DATE _____

I WILL PAY TUITION BY: PLEASE CIRCLE CHOICE

CASH CREDIT

*PLEASE NOTE ALL FAMILIES MUST HAVE A CARD ON FILE. IF TUITION IS NOT PAID BY CASH ON THE 25TH OF EACH MONTH THE CREDIT PRICE WILL BE CHARGED TO THE CARD ON FILE

MEMBER CARD ON FILE:

CC NUMBER: _____

EXP DATE: _____

NAME ON CARD: _____

ZIP CODE: _____

PLEASE CIRCLE PROGRAM CHOICE

MON- FRI 9:00-12:30 PM MON, WED, FRI 9:00-12:30 PM TUES, THUR 9:00-12:30 PM

MON- FRI 9:00-3:00 PM MON, WED, FRI 9:00-3:00 PM TUES, THUR 9:00-3:00 PM