

Welcome to Harmony Preschool

We are thrilled that you are joining our Harmony family!

- Step 1: To secure your spot complete the attached registration form and pay the <u>nonrefundable</u> registration fee of \$90.00 per child. There are no additional school fees in the fall. Registration is not complete until the registration form and fee are received.
- Step 2: Complete the State of Ohio required forms and have the medical form signed by your child's doctor with a current shot record attached. Enrollment is not complete until enrollment form, enrollment fee, State of Ohio forms and child's medical statement are completed. All forms are due July 1. If we are not in session please use the drop box at the school.

2025-2026 Tuition

Our school year runs from September to May.

Harmony is based on a yearly tuition that is broken into 10 equal payments which are paid August-May.

Tuition is due by check/cash on the 15th of each month.

- 2 Day Program \$1600 Year/\$160 a month
- 3 Day Program \$1900 Year/ \$190 a month
- 4 Day Program \$2250 Year/\$225 a month
- 5 Day Program \$2700 Year/\$270 a month

A sibling discount will apply when two siblings attend in the same academic year. All students must be the appropriate age for their class by September 30th

Your first tuition check is due <u>August 15th</u>.

Please use the drop box at the school

You will receive information in early August with the date and time for your Meet the Teacher appointment. Teachers may be requested but are not guaranteed. We will make every attempt to accommodate your needs, however all classes and teachers are subject to change from year to year based on enrollment. Classes will begin the Wednesday, September 3, 2025.

Do not hesitate to contact Cathy Kahn at 330-273-3535 with any questions or concerns.



CHILD'S NAME	Ī	Birth Date	Male/ Femal
Parent/Guardia	n Name: (Father)	(Mother)	
Address			
City	State	Zip	
Home Phone	Work phone	e (Father)	
Cellular Phone (Mother)		other	
Primary Email: _			
Babysitter's Na	me (If Applicable)	Phone:	
Sibling's Names	and Ages:		
-	lergies are listed a health plan must be filled c _ist:		
People authoriz	ed to pick up your child.		
Did your child a	ttend Harmony last year: YES NO Did some	eone refer you? (Name	2)
	that I am responsible for paying 10 equal mondoing that all forms are due July 1:	onthly payments Augu	ıst-May for my child's
Parent's Signature:		Date:	
Please check the	class days and times preferred. If there is a conf	lict the office will contac	ct you for a second choice.
5 Year Olds	M-T-W-TH-F	9:00-11:30	
	M-T-W-TH-F	12:30-3:00	
4 Year Olds	Monday-Tuesday-Wednesday-Thursday	9:00-11:30	12:30-3:00
	Monday-Wednesday-Friday	9:00-11:30	12:30-3:00
	Tuesday-Thursday-Friday	9:00-11:30	12:30-3:00
	Monday-Wednesday	9:00-11:30	12:30-3:00
	Tuesday- Thursday	9:00-11:30	12:30-3:00
3 Year Olds	Monday-Wednesday-Friday	9:00-11:30	12:30-3:00
	Tuesday-Thursday-Friday	9:00-11:30	12:30-3:00
	Monday-Wednesday	9:00-11:30	12:30-3:00
	Tuesday-Thursday	9:00-11:30	12:30-3:00
	ruesuay- mursuay	3.00-11.30	12.30-3.00

\$90 Registration Fee Received: _____