



## Transitional Kindergarten Fee Schedule 2020-2021

We appreciate the financial investments that parents make in choosing to educate your children at The Rhoades School. In order to assist you in making this investment in your child/children we offer two payment options. Both payment plans require an initial **non-refundable** \$1,650 registration fee. **Exclusive** of the registration fee, the tuition payment plan amounts per student are as follows:

### Enrollment Fees

<b>Effective Date:</b> July 2020 or Current Month of Enrollment	
Registration Fee (non-refundable)	\$1,650.00
Sibling Discount (credited June 2021)	\$500.00
Tuition Insurance (one-time payment for the school year, due July 1, 2020)	\$252.00

### Tuition Rates

Program	Annual July 1, 2020 (Amount due in addition to the registration fee)	Monthly July 2020 – April 2021 (ACH -10 payments) Includes Service Charge
Transitional Kindergarten	\$18,000.00	\$1,836
		<b>Monthly September 2020 – June 2021</b>
Extended Care – 5 Full Days		\$296.00
Extended Care – 4 Full Days		\$266.00
Extended Care – 3 Full Days		\$237.00
Extended Care – 2 Full Days		\$178.00
Extended Care – 1 Full Day		\$119.00
Extended Care - AM Only (2-5 Days)		\$136.00
Emergency 1 Day Drop In		\$40.00

\*Tuition is due on the first day of each month. A \$25.00 late fee will be applied if payment is not received by the 5<sup>th</sup> of each month. Student enrollment is contingent upon tuition payment by the 10<sup>th</sup> of each month. There will be a \$25.00 fee charged for all returned checks. **ACH & Credit Card payments available. CC fees applied. Please call (760) 436-1102 x 303 for more information.**

**Tuition includes:** All books, instructional materials and yearbook.

**Tuition does not include:** Extended Day Care, field trips and school supplies.

### Hours/Days of Operation

Regular school hours will vary for TK – 5<sup>th</sup> grade. Please visit the school website calendar at Rhoadesschool.com for more information.

\_\_\_\_\_  
Sponsor's Name (Financially Responsible Party)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Student's Date of Birth