

REGGIO & CO.
TUITION VERIFICATION FORM
2021 SUMMER SESSION

CHILD: _____ START DATE: _____
First Name Last Name

SCHEDULE: (Select One)

☐ FULL TIME	\$ 3,000 Paid In Full OR \$1200 / Month
☐ P/T M-F (AM)	\$ 2,250 Paid in Full OR \$ 900 / Month
☐ F/T MWF	\$ 1,875 Paid in Full OR \$ 750 / Month
☐ P/T MWF (AM)	\$ 1,625 Paid in Full OR \$ 650 / Month
☐ F/T TTH	\$ 1,375 Paid in Full OR \$ 550 / Month
☐ P/T TTH (AM)	\$ 1,125 Paid in Full OR \$ 450 / Month

TUITION (Complete Payment Choice): \$ _____ MONTHLY TUITION, or
\$ _____ TUITION IN FULL

FEES (Non-Refundable):

A **NON-REFUNDABLE \$50.00 APPLICATION FEE** will be invoiced upon receipt of this application and payable within 5 days of invoicing- a spot for your student will not be held until Application fee is successfully paid to billing.

A **NON-REFUNDABLE \$300.00 FEE** will be invoiced to hold this applicant's seat and used as a credit against the first tuition invoice. The fee will be payable within 5 days of invoicing and **WILL NOT BE REFUNDED** if the applicant is withdrawn prior to the start date noted above. This is due to be paid within 5 days of invoicing.

Invoices will be issued on the 20th of the month prior to attendance and due on the 1st of the month attending. The Tuition Policy in your enrollment package contains additional information. **Please provide the name of one primary and one secondary contact to receive tuition invoices:**

PRIMARY: _____
Name Email Address

SECONDARY: _____
Name Email Address

This 2021 SUMMER ACADEMIC YEAR Tuition Verification Form contains the basic REGGIO & CO. scheduling information, obtained from your child's Enrollment Application. By signing below, I agree to be financially responsible for the tuition amount indicated for the Academic School Year dated 06/15/2021 (or student's start date) - 08/27/2021 in its entirety, unless written notice is provided by the 18th of the month for an early withdrawal.



PARENT/GUARDIAN SIGNATURE

_____/_____/_____
DATE

Enrollment Application: 2021 Summer Session

06/16/2021 - 08/27/2021



350 Clubhouse Rd., Ste. A
Hunt Valley, MD 21031
443-595-6381

CHILD INFORMATION

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:	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			
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:			

PRIMARY GUARDIAN INFORMATION - Child's primary residence.

Legal Guardian 1: <i>Guardian to be contacted first in case of an emergency.</i>				
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:			

SCHEDULE/TUITION

A PROGRAM SCHEDULE MUST BE IDENTIFIED BELOW, AND \$50 NON-REFUNDABLE APPLICATION FEE PAID, BEFORE YOUR CHILD WILL BE CONSIDERED FOR ENROLLMENT IN THE 2021 SUMMER ACADEMIC SCHOOL YEAR

PLEASE SELECT ALL THAT APPLY BEFORE TURNING IN APPLICATION (REQUIRED):

PREFERRED START DATE: _____

- ☐ FULL TIME ENROLLMENT M-F | \$1200/MONTH
- ☐ FULL-TIME ENROLLMENT MWF | \$750/MONTH
- ☐ FULL-TIME ENROLLMENT TTH | \$550/MONTH
- ☐ PART-TIME ENROLLMENT M-F (AM) | \$900/MONTH
- ☐ PART-TIME ENROLLMENT MWF (AM) | \$650/MONTH
- ☐ PART-TIME ENROLLMENT TTH (AM) | \$450/MONTH

By signing below, I agree to the start date and schedule selected above and agree to be held financially responsible for the associated tuition for the 2021 Summer Academic School Year.

SIGNATURE: _____

NAME: _____ **DATE:** _____

PLEASE SUBMIT COMPLETED FORMS TO: info@reggioandco.com*

or

**REGGIO & CO.
350 CLUBHOUSE ROAD, SUITE A
HUNT VALLEY, MD 21031**

*Emailed applicants will receive an electronic invoice to be paid within 5 days of receipt to be considered for enrollment, email submissions can be sent to: info@reggioandco.com