

Preschool in the Valley
 At Great Valley Presbyterian Church
 2025 Swedesford Road, Malvern, PA 19355
 610-540-0234, gvpcpreschool@comcast.net
 Lisa Sybrandt, Director

Registration & Enrollment Agreement 2026-2027

Child's Full Name:		Birth Date:	
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STEP 1: PLEASE CHECK THE PROGRAM SCHEDULE DESIRED.

		Monthly	Yearly (9 months)
2 Year old Program (Students must be two yrs by 9/1/2026)			
<input type="checkbox"/>	3 mornings per week - (M,W, F)	\$ 365.00	\$ 3,285.00
<input type="checkbox"/>	2 Mornings per week - (T, Th)	\$ 270.00	\$ 2,430.00
3 Year old Program (Students must be three by 9/1/2026)			
<input type="checkbox"/>	2 Mornings per week - (T, Th)	\$ 270.00	\$ 2,430.00
<input type="checkbox"/>	3 mornings per week - (M,W, F)	\$ 365.00	\$ 3,285.00
<input type="checkbox"/>	3 mornings per week - (T, Th, F)	\$ 365.00	\$ 3,285.00
4 Year old Program (Students must be Four by 9/1/2026)			
<input type="checkbox"/>	4 mornings per week - (M - Th)	\$ 460.00	\$ 4,140.00
<input type="checkbox"/>	5 mornings per week - (M - F)	\$ 530.00	\$ 4,770.00

STEP 2: REVIEW REGISTRATION FEE AND TUITION PAYMENT TERMS

We hereby accept the placement at Preschool in the Valley reserved for the 2026/2027 school year. In consideration of acceptance of this reservation by Preschool in the Valley, the undersigned agrees to pay the required fees. These fees include a \$75 registration fee in addition to the monthly and yearly amount listed above next to the selected program.

Once the signed registration & enrollment agreement are received by Preschool in the Valley, we agree to pay the \$75 registration fee plus the Sept 1st tuition (make check payable to Preschool in the Valley) & complete the ACH payment form.

We understand a space is not reserved until this payment is made and this initial payment is non-refundable.

The expenses of the school do not diminish with the departure of a student during the course of the year. Therefore, we understand our obligation to pay the fees for the full academic year. We further understand that no portion of such fees paid or outstanding will be refunded or cancelled regardless of the absence or withdrawal of the above-named student. (Exceptions for special circumstances will be made at the discretion of the Preschool Committee- i.e., permanent move out of the area)

We understand that teacher and classroom location assignments are subject to change at the Director's discretion. If the required minimum enrollment for a class is not met, the class could be subject to cancellation. Every effort will be made to accommodate our child in another class.

STEP 3: PROVIDE REQUESTED INFORMATION

Child's Full Name:		Birth Date:	
Child's Preferred Name:			
Parents' Names:			
Street Address			
City & Zip Code			
Home Phone			
Mother's Cell Phone #			
Mother's Email			
Mother's Employer & Phone #			
Father's Cell Phone #			
Father's Email			
Father's Employer & Phone #			
If a babysitter or relative will drop off or pick up your child please list below.			
Name & Phone #			
Name & Phone #			
If unable to reach parents, name and phone # of person(s) we would contact.			
Name & Phone #			
Name & Phone #			
Names & ages of other children in the family			
Name & DOB			
Name & DOB			
Name & DOB			
How did you become aware of Preschool in the Valley?			
Church Affiliation:			
Child's previous group experience:			

STEP 4: COMPLETE ACH PAYMENT FORM

Preschool in the Valley – ACH Payment Authorization

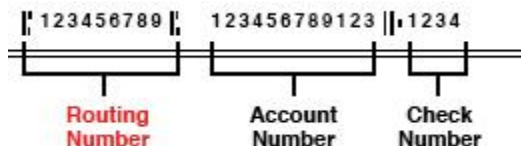
Today's Date (mm/dd/yyyy)	
Effective Date of Authorization	October 1, 2026

Type of Authorization: New Bank Information Change Other _____

Last Name		First Name	
Address			
City, St, Zip			
Email			

Preschool Tuition: (September payment is included in registration fee)

<input type="checkbox"/> 5 Days a week	8 monthly payments of \$530 beginning October 1, 2026 thru May 1, 2027 ___ number of students and names _____
<input type="checkbox"/> 4 Days a week	8 monthly payments of \$460 beginning October 1, 2026 thru May 1, 2027 ___ number of students and names _____
<input type="checkbox"/> 3 Days a week	8 monthly payments of \$365 beginning October 1, 2026 thru May 1, 2027 ___ number of students and names _____
<input type="checkbox"/> 2 Days a week	8 monthly payments of \$270 beginning October 1, 2026 thru May 1, 2027 ___ number of students and names _____



Banking Information: Checking Account Savings Account

Please write numbers very clearly

Routing Number	
	Valid Routing # must start with 0, 1, or 3 and is 9 digits long
Account Number	

I authorize Preschool in the Valley to process debit entries to my account, based on the selection of service above. I understand that this authority will remain in effect according to the terms of the Enrollment Agreement.

Authorized Signature _____ Date _____

STEP 5: PARENTS SIGN CONTRACT BELOW

Child's Full Name:		Birth Date:	
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I/We hereby enroll my child, _____ for the _____ mornings per week in
(Child's Name) (# of mornings per week)
_____ class for the school year 2026-27 and I/We agree to comply with the terms outlined above.
(2's, 3's or 4's year old)

I/We hereby agree to be bound by this enrollment contract and agree to have tuition withdrawn monthly on the first of each month from October 1st through May 1st using ACH payment method.

To be signed by BOTH parents or guardians, if applicable.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Director's Signature: _____ Date: _____

Reminder: The \$75 registration fee and 1st month tuition are non-refundable and required along with the completed ACH form for monthly payments.

STEP 6: PLEASE RETURN TO THE PRESCHOOL DIRECTOR

- All 4 pages completed with signatures on pages 3 & 4
- Check for \$75 + 1st month tuition made payable to Preschool in the Valley