



## Enrollment Application

### 2026/2027 Tuition Rates and Associated Fees

<i>Monthly Rates</i>	Full Day Preschool 8:30-3:30	Extended Hours 8:00-5:30
2 Day (T, TH)	\$810 <i>upk</i> - \$183.61	\$955 <i>upk</i> - \$328.61
3 Day (M,W,F)	\$1170 <i>upk</i> - \$543.61	\$1380 <i>upk</i> - \$753.61
5 Day	\$1795 <i>upk</i> - \$1168.61	\$2125 <i>upk</i> - \$1498.61

*\*Please note that tuition rates include all of the child's food, supplies/materials, and daily morning enrichment classes.*

Tuition is due on the 1st of every month. When the 1st falls on a non-school day, tuition is due on the following school day. A \$25 late fee applies to payments received after the 5th of the month. If a monthly payment is not made by the end of the month, children are subject to suspension effective the 15th of the following month. Delinquent accounts will be sent to collections after 30 days. If siblings are enrolled at the school concurrently, a 5% discount will be applied to the older child's tuition.

Summer Camp enrollment is separate.

Tuition refunds will not be issued. If a child misses a day, or the school is closed for weather related reasons, a holiday, or a teacher work-day full tuition is still due.

Rates are reviewed each winter, with new tuition rates set to be enacted in January.

**Application Fee:** A \$75 nonrefundable application fee may be applied towards the child's enrollment fee if there is a space available and you choose to enroll your child. If space is not available at the time of application, the child will be placed on our waitlist.

**Enrollment Fee:** A \$175 enrollment fee is required to enroll each child, once the child's application has been accepted and there is a space available.

We accept the following tuition assistance programs: Boulder County CCAP and UPK



1235 Pine Street (303) 800-0324 Boulder, CO 80302 info@offbroadwaypreschool.org

Today's Date \_\_\_\_\_

Anticipated Date of Enrollment \_\_\_\_\_

**Desired Schedule (Please Circle)**

Full Day                      Extended Hours

Monday      Tuesday      Wednesday      Thursday      Friday

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_ Gender \_\_\_\_\_

1st Parent's Name \_\_\_\_\_ 2nd Parent's Name \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Child's Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Siblings:	Name	Age	Gender
	_____		
	_____		



Please describe your child's current or past school or daycare experience, if any:

Do you have concerns about your child from past school, daycare, or group experience? Please describe:

Why are you considering Off Broadway Preschool for your child?

How did you hear about our program?

Please give a description of your home situation and daily rhythm:

Please describe your child's strengths:

Please describe any aspect of your child that you would like to see strengthened:



Please describe how your child plays alone and with other children:

Please describe your child's development regarding the following:

Putting on shoes, coat, and pants

Toilet training (*Please note that children enrolled in our program must be potty trained.*)

Does your child take daily naps?

Anything else you'd like to add? (Please add paper if you need to.)

*Off Broadway Preschool does not discriminate on the basis of race, color, religion, national or ethnic origin in the administration of its educational policies, admissions policies, scholarship and loan programs, or any school administered programs.*