

Hello!

Thank you for taking the time to visit Imagine and Explore Preschool, voted Best of Omaha 2023 and 2024!

We know that this is an important decision for your family and hope we can make it an easy one! Our website has a sample daily schedule and activity calendars. For parent testimonials and comments about our program, please visit our Facebook page: facebook.com/landEPreschoolOmaha.

We have attached our registration form, and a Tuition Express form. Please fill out the form with your choice of class days and times and return it with the Tuition Express form, so that we can accommodate your requested preschool times. Your account will be charged the non-refundable \$100 (per child) enrollment fee on the day the form is received. In most cases, you will get the class you request, but there is no guarantee.

Please note that monthly tuition is due August 1st. August tuition is not pro-rated and is as follows:

2-day program 3-day program 5-day program Tuesday/Thursday: Mon/Wed/Fri: MTWRF: \$190.00/month \$285.00/month \$385.00/month

AM Class Times: 8:45-11:45 a.m. (8:40-11:40 a.m. for 5-day) PM Class Times 12:45-3:45 p.m.

Your Tuition Express account will be charged August tuition on August 1st.

Classes start Thursday, August 14 (2-day students)

and Friday, August 15 (5-day and 3-day students).

We look forward to working with your child and are excited about another great school year!



Immunization records should be emailed to iandepreschool@gmail.com OR faxed to 402-896-3444



TUITION PAYMENT WILL NOT BE ALTERED DUE TO ILLNESS, VACATION, AND OTHER UNFORSEEN CIRCUMSTANCES.A 10% SIBLING DISCOUNT IS A BENEFIT FOR FAMILIES ENROLLING MORE THAN ONE CHILD. The 10% is taken off one child's tuition.

Aimee and Sarah

iandepreschool@gmail.com www.imagineandexplorepreschool.com



Thank you for your interest in Imagine and Explore! Choosing a quality preschool program is one of the most important decisions you will make. We take your decision seriously and are committed to living up to the important responsibility of educating your child!

To register, please return this completed form to Imagine and Explore. A \$100 non-refundable registration fee will be processed the day you turn in this form as well as your Tuition Express document.

When your registration form and enrollment fee are accepted, you will <u>only</u> be contacted if your 1st choice of classtime is <u>not</u> available.

Start Date is Thursday, August 14 & 15, 2025 (*August tuition is due in full August 1. We do not pro-rate August tuition.)

Child #1 Name:	_Date of Birth	Male	Female
Child #2 Name:	_Date of Birth	Male	Female
Parent/Guardian Information: Parent/Guardian #1	Parent/Guardian #2		
Address	Address		
CityStateZip	CityState	Zip	
Cell/Home Phone	Cell/Home Phone		
Email	Email		

Classes will be filled on a first come, first served basis.

(Please note that the 5-day program is designed for children that will be beginning Kindergarten the following fall.)

1st Choice of Days and Class Time Desired:	2nd Choice of Days and Class Times Desired:					
Tues/Thur: A.M. ClassP.M. Class	Tues/Thur: A.M. ClassP.M. Class					
Mon/Wed/Fri: A.M. ClassP.M. Class	Mon/Wed/Fri: A.M. ClassP.M. Class					
MTWRF: A.M. ClassP.M. Class	MTWRF: A.M. ClassP.M. Class					
2025-2026 Tuition Rates:2-day programTuesday/Thursday:\$190.00/month3-day programMon/Wed/Fri:\$285.00/month5-day programMTWRF:\$385.00/month						
Parent/Guardian's Signature X Date						
Thank you for choosing Imagine and Explore! "We are the Difference In Preschool Education						
Office Use Only						

Reg. Fee Pd.: Cash _	Chk.#	TE
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Automated Payment Processing



Safe. Convenient. Easy.

We are excited to offer the safety, convenience and ease of Tuition Express[®]—a payment processing system that allows secure, on-time tuition and fee payments to be made from either your bank account or credit card.

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT AND CREDIT CARD

I (we) hereby authorize (business name) Imagine & Explore Preschool to initiate credit card charges to the below-referenced credit card account (Section A) OR, initiate debit entries to my (our) checking or savings account, indicated below (Section B). To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice. Credit union members: please contact your credit union to verify account and routing numbers for automatic payments. Check with the center for accepted credit card types.

COMPLETE ONE SECTION ONLY

SECTION A (Credit Card)

ardholder Name			Phone #			
Cardholder Addres	S		City		State	Zip
ccount Number			Expiration Dat	e	CVV	
Cardholder Signatu	ire		Date			
ECTION B (Bank	Account)					
'our Name			Phone #			
ddress			City		State	Zip
ank or Credit Unic	on Name Ba	nk or Credit Union Address	City		State	Zip
outing Transit Nur	mber (see sample bel	ow) Account Number (see sa	ample below)		Checking	Savings
uthorized Signatu	ire		Date			
Your Name Any Street, Anytown Tel: (001) 555-0000		0001 DATE			FOR OFFICIAL	USE ONLY
DEPOS Savings Ba Any Street, A	Anytown			Date	Received	
BANK Tel: (001) 55 RE 123456789	000123456789	мр 0001		Emple	oyee Signature	
ROUTING NUMBER	ACCOUNT NUMBER	CHECK NUMBER	80			esoftware.co ocare Software®, L