



# Primrose School of Tampa Palms

## School Year 2025-2026

Enrollment Information is subject to change with 30 days' notice.

**Open:** Monday – Friday **Hours:** 7:00 AM – 6:00 PM  
Cognia/Florida Gold Seal Accredited School  
License # CTA 433074

### ☐ **EDUCATIONAL & ENRICHMENT FULL DAY PROGRAMS WEEKLY TUITION**

Tuition includes morning Educational Programs, early morning & afternoon Enrichment Programs, morning & afternoon snacks and a hot nutritious lunch (Infant Program not included). This program takes precedence over half-day programs. Parent orientation must be held before enrollment date at which time non-refundable last week deposit and supply fee are due.

CLASSROOM	REG FEE	SUPPLY FEE**	5-DAY (M-F)
INFANTS	\$150	\$100	\$400
TODDLERS	\$150	\$135	\$380
EARLY PRESCHOOL & PATHWAYS	\$150	\$135	\$365
PRESCHOOL - (3 & 4 year old's) Must be toilet trained	\$150	\$135	\$355
PRIVATE PRE-KINDERGARTEN (4 yr old's) Full Day Wrap w/VPK August 2025 – May 2026	\$150	\$135	\$310* (\$365 without voucher)
EXTENDED DAY PRE-K (8:00 AM – 1:00 PM) Meals included	\$150	\$100	\$175* (\$230 without voucher)

\*Full-Time Private Pre-K tuition with Florida VPK voucher is \$310. Full-Time Pre-K tuition WITHOUT VPK voucher is \$365. Extended Day with Florida VPK voucher is \$175. Extended Day WITHOUT the voucher is \$230.

### ☐ **EXPLORERS CLUB WEEKLY TUITION (Kindergarten – 5<sup>th</sup> grade)**

CLASSROOM	REG FEE	SUPPLY FEE**	5-DAY (M-F)
EXPLORERS - after school care & transportation from elementary school	\$150	\$100	\$195
SUMMER CAMP (Full Day) – full day includes 3 snacks, lunch and all field trips		TBD based on field trips (est. \$125-\$175)	\$295

#### REGISTRATION ACKNOWLEDGEMENTS & SIGNATURE:

☒ Explorer Club tuition is due ALL weeks during the academic school year from August through May including school closures and when HCPS are closed. Additional fees may apply during HCPS holidays (i.e. Spring Break, Thanksgiving and Winter Break).

☒ I will provide a copy of a current certificate of immunization (DH680) and physical exam (DH3040) verifying adequate protection against childhood diseases as required by local, state and other regulatory agencies PRIOR to the first day of attendance.

☒ I understand that the **\$150 Registration Fee AND last week tuition deposit** is paid upon enrollment is not refundable for any reason. The annual Registration Fee is due February 15<sup>th</sup> upon registration for enrollment.

☒ I understand that the bi-annual \$100/\$135 Supply Fee is due the week BEFORE the start of the school year in August and the first week of January.\*\* Supply fees will be automatically added to the weekly tuition. If my child is starting in the middle of the school year, the supply fee is due on the first day of attendance.

☒ I understand that my child's *continuous enrollment* in Primrose is required to guarantee my child's placement for the subsequent school year. If I unenroll and decide that I want my child to return, I am responsible for all re-enrollment fees and my application will be considered with other new families. My child will be granted a position based on available openings in their program upon return.

  
PARENT SIGNATURE

02/19/2025

DATE



## PRE-REGISTRATION FORM

Date of Registration: 02/19/2025  
 Requested First Day Attendance: ASAP  
 Registration Fee paid: \_\_\_\_\_

I hereby apply for enrollment of my child to Primrose School. A registration fee in the amount of \$150 is attached.

### CHILD INFORMATION

Child's Name: HANNAH MO Nickname: \_\_\_\_\_  
 Address: 20760 Great Laurel Ave. City: Tampa State FL Zip 33647  
 Birth Date: 06/04/2022 Sex: Male **Female**✓ Age: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Subdivision: \_\_\_\_\_  
 Mother's Full Name: XUEYAN LU Marital Status: Married  
 Address: 20760 Great Laurel Ave. City: Tampa State FL Zip 33647  
 Phone: 239-270-9828 License #: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Employer: University of Miami Sylvester Cancer Center Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer's Address: 1475 NW 12th Ave, Miami, FL33136 Email Address: emmalu879@gmail.com

Subdivision: \_\_\_\_\_

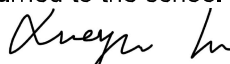
Father's Full Name: XIAOHU MO Marital Status: Married  
 Address: 20760 Great Laurel Ave. City: Tampa State FL Zip 33647  
 Phone: 608-334-5510 License #: \_\_\_\_\_ Work Hours: \_\_\_\_\_  
 Employer: Tampa General Hospital Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Employer's Address: 1 Tampa General Cir, Tampa Email Address: xiaohumo@gmail.com

Has your child been previously enrolled with Primrose? ☐ Yes ☒ No✓ If yes, what year?

Will your child have a sibling enrolled? ☐ Yes ☒ No✓ If yes, give sibling's first name and age:

### IMPORTANT NOTE:

**ENROLLMENT:** Prior to your child's attendance at Primrose, all enrollment information must be completed, signed and returned to the school office along with your child's non-refundable registration/equipment fee and last week deposit.

  
 Signature of Parent/Guardian

02/19/2025

Date