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.

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| **CLASSROOM** | **REG FEE** | **SUPPLY FEE\*\*** | **5-DAY (M-F)** |
| **INFANTS** | $150 | $100 | $400 |
|
| **TODDLERS** | $150 | $135 | $380 |
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| **EARLY PRESCHOOL & PATHWAYS** | $150 | $135 | $365 |
|
| **PRESCHOOL - (3 & 4 year old’s)**  Must be toilet trained | $150 | $135 | $355 |
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| **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 – 5th grade)**

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| **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 15th 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.

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**PARENT SIGNATURE 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.

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| **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** | |
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| **Has your child been previously enrolled with Primrose? о Yes о No✓ If yes, what year?** | | |
| **Will your child have a sibling enrolled? ? о Yes о 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 Date | | |