

Shepherd of the Valley Lutheran Preschool Student Enrollment Contract 2017-2018

Student _____ Male Female
Last Name (Legal) First Name Middle

Date of Birth ____/____/____
mm dd yyyy

____ Blossom ____ Garden ____ Sunshine
Office Use Only

Parent(s)/Guardian(s):

Father: _____ Legal Custody: Yes No
Last Name (Legal) First Name Middle

Mother: _____ Legal Custody: Yes No
Last Name (Legal) First Name Middle

Home Address:

Father: _____ () _____ Yes No
Street City, Zip Code Telephone Child Resides

Mother: _____ () _____ Yes No
Street City, Zip Code Telephone Child Resides

Email/Father: _____ Email/Mother: _____

Fee Schedule for 2017-2018

Registration Fee: \$200

Priority enrollment is January 15-31. If your child is registered by January 31, 2017 the registration fee is \$175. Registration fee payments are non-refundable.

Initial _____

Annual Tuition Rates*:	Half Day** <small>(9:00 a.m. - 12:00 p.m.)</small>	School Day** <small>(9:00 a.m. - 2:45 p.m.)</small>	Extended Day** <small>(9:00 a.m. to 6 p.m.)</small>
2-Day Program T/Th	\$2,700	\$3,520	\$4,020
3-Day Program M/W/F	\$3,650	\$4,670	\$5,230
5-Day Program M-F	\$5,540	\$6,350	\$7,060

*Automated payments from bank required for tuition and fees.

**Morning hours (7:30-9:00 a.m.) are available on a pre-arranged basis: \$8 (7:30-9 a.m.) \$5 (8-9 a.m.)

Annual tuition fees are paid in ten (10) equal installments from September 1, 2017 through June 1, 2018. **A Security Deposit equal to one month's tuition must be paid by June 1, 2017.** However, new students must make this deposit within 30 days of notification of acceptance. Failure to pay within this time will forfeit the child's place in class. This is a one time deposit and will be applied to the last month tuition at the school. There is no reduction for shortened months or refunds for days missed due to illness.

Initial _____

If the Director is notified prior to June 1 that the child will not be enrolling in Shepherd of the Valley Lutheran Preschool, the tuition payment only shall be reimbursed. Enrollment, as specified within this Enrollment Contract, may be canceled by the parents or guardians in writing, without penalty (except forfeit of the registration fees) by June 1, 2017. If enrollment is canceled after June 1, 2017, parents or guardians financially responsible for the student are obligated to pay the full annual charges.

Initial _____

Tuition installments will be withdrawn on the first (1st) day of each month or the fifteenth (15th) of each month depending on the day selected on your authorization form. A late charge of \$25 will be assessed against any returned payment for each month the payment is late. There is a \$30 charge for all returned checks.

Initial _____

Volunteer Service and Scrip Purchase Deposit of \$300 due by August 15, 2017

The Volunteer Service - Activity Fee is an incentive for parental participation at Shepherd of the Valley. During the school year, parents have the opportunity to earn back this fee through various activities, accumulating a minimum of 10 volunteer service hours per family. The \$50 deposit will be returned (when the family leaves the school) upon completing the hours.

Initial _____

An annual scrip deposit of \$250 is required from each family. Families have the opportunity to earn back their deposit (or a portion of it) by purchasing enough scrip to generate their required \$250 profit per student. In addition, all families must register with shopwithscrip.com and escrip.com.

Initial _____

I have reviewed a copy of the Shepherd of the Valley Lutheran Preschool Parent/Student Handbook. (The handbook is available online at sovls.org; there is also a printed copy available in the office.) I understand and accept the school policy requirements for payment of school fees and charges as well as student conduct and behavioral performance. Satisfactory compliance with all such requirements is a condition for student attendance at this school. The School Board reserves the right to revise policies and procedures upon thirty (30) days written notice.

Please indicate parties responsible for tuition payment: Father Mother Guardian
Parent/Guardian Signature: (All responsible parties are required to sign.)

Father: _____

Date _____

Mother: _____

Date _____

Guardian: _____

Date _____

Office Use Only

Accepted by: _____
Director

Date _____

Check #	Amount