

# Shepherd of the Valley Lutheran Preschool Student Enrollment Contract 2018-2019

**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 2018-2019

**Registration Fee: \$250**

Registration fee must be paid upon enrollment and is non-refundable.

Initial \_\_\_\_\_

<b>Annual Tuition Rates*:</b>	<b><u>Half Day**</u></b> <small>(9:00 a.m. - 12:00 p.m.)</small>	<b><u>School Day**</u></b> <small>(9:00 a.m. - 2:45 p.m.)</small>	<b><u>Extended Day**</u></b> <small>(9:00 a.m. to 6 p.m.)</small>
2-Day Program T/Th	\$3,080	\$3,960	\$4,520
3-Day Program M/W/F	\$4,060	\$5,160	\$5,790
5-Day Program M-F	\$6,010	\$6,900	\$7,710

\*Automated payments from bank required for tuition and fees.

\*\*Morning hours (7:30-9:00 a.m.) are available on a pre-arranged basis: \$10 (7:30-9 a.m.) \$5 (8-9 a.m.)

**Annual tuition fees may be paid in ten (10) equal installments. A Security Deposit equal to one month's tuition must be paid by June 1, 2018.** This deposit will be applied to the last month's tuition. **The remaining nine (9) payments will be from September 1, 2018 through May 1, 2019.** Automated payments from bank required for tuition. New students must make the deposit within 30 days of notification of acceptance. Failure to pay within this time will forfeit your child's place in class. There is no reduction for shortened months or refunds for days missed due to illness.

Initial \_\_\_\_\_

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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, 2018. If enrollment is canceled after June 1, 2018, 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 (1<sup>st</sup>) day of each month or the fifteenth (15<sup>th</sup>) 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 payments.

Initial\_\_\_\_\_

### Volunteer Service Rebate

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

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](http://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 \_\_\_\_\_

<b>Office Use Only</b>	
Accepted by: _____ Director	Date _____