Shepherd of the Valley Lutheran Preschool 2–Day Enrollment Contract January – June 2024

Student				🖵 Ma	le 🛛 F	emale
-	Last Name (Legal)	First Name	Middle			
Date of E	Birth//	ſ	Office Use Only			
Parent(s	s)/Guardian(s):		Blossom	Butterfly		
Father:				Legal Custody:	Q Yes	No
	Last Name (Legal)	First Name	Middle			
Mother:				Legal Custody:	🛛 Yes	No
	Last Name (Legal)	First Name	Middle			
Home A	ddress:					
Father:			()		🛛 Yes	No
	Street	City, Zip Cod		Telephone	Child Re	esides
Mother:			()		🛛 Yes	No
	Street	City, Zip Cod	e	Telephone	Child Re	esides
Email/Fa	ther:		Email/Mother:			

2-Day Fee Schedule for January – June 2024

Registration Fee: \$400

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

Annual Tuition Rates*:	<u>Half Day</u>	<u>School Day</u>	<u>Extended Day</u>
	(9:00 a.m12:45 p.m.)	(9:00 a.m. – 2:45 p.m.)	(9:00 a.m 5:00 p.m.)
2-Day Program Tues/Thurs	\$ 4,350	\$ 5,600	\$ 6,400

*Automated payments from bank required for tuition and fees.

Annual tuition fees may be paid in ten (10) equal installments. A Security Deposit equal to one month's tuition installment must be paid upon registration. This deposit will be applied to the last month's tuition. The remaining payments will be paid monthly through May 1, 2024. There is no reduction for shortened months or refunds for days missed due to illness. Initial_____

Tuition installments will be withdrawn on the first (1st) day of the month. There is a \$30 charge for payments made after the 5th and all returned payments. Automated payments from a bank checking account are required for all charges. Initial_____

Early care 8-9 a.m./Aftercare is billed depending on schedule (\$7.50 per hour). Charges for early/after care will be automatically withdrawn from your bank account on the 10th of the following month. Initial

Pull up changing fees (if necessary) will be billed with your tuition every month. Generally, to enter Preschool, a child must be 2 years old and toilet trained. However, if not potty trained, there will be an additional fee charged.

Please check the monthly fee that applies:

S40 per month for 2-Day Enrollment

Not Applicable

Initial___

Upon continued independent toilet use for two weeks by the child at preschool, the fee will be removed. Please note that we require that the family provide all supplies for their child. (ex. Pull-ups, wipes, etc.) Our goal is to assist parents in the process of toilet training.

Parent Handbook

I have reviewed a copy of the Shepherd of the Valley Lutheran Preschool Parent/Student Handbook. I understand that the preschool is subject to General Licensing Requirements and that the Department has the inspection authority specified in Health and Safety Code and has the authority to interview children or staff without prior consent. Please see the handbook for more details. (The handbook is available online at sovls.org; there is also a printed copy available in the office.) Initial

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. Initial_____

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

Father:	Date
Mother:	Date
	Dule
Guardian:	Date

	Office Use Only
Accepted by:	Date
Director	