

Shepherd of the Valley Lutheran Toddler Program Enrollment Contract January – June 2024

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

Date of Birth ____/____/____
mm dd yyyy

Office Use Only:

Tadpoles Sprouts Bumblebee

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 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> <small>(9:00 a.m. – 12:30 p.m.)</small>	<u>School Day</u> <small>(9:00 a.m. – 2:45 p.m.)</small>	<u>Extended Day</u> <small>(9:00 a.m. – 5:00 p.m.)</small>
2-Day Program	<input type="checkbox"/> \$ 5,300	<input type="checkbox"/> \$ 6,650	<input type="checkbox"/> \$ 7,500
3-Day Program M/W/F	<input type="checkbox"/> \$ 7,100	<input type="checkbox"/> \$ 8,700	<input type="checkbox"/> \$ 9,700
5-Day Program M-F	<input type="checkbox"/> \$ 10,650	<input type="checkbox"/> \$ 11,900	<input type="checkbox"/> \$ 13,750

*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Tuition installments will be withdrawn on the first (1st) day of the month.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 Charges for early/after care will be automatically withdrawn from your bank account on the 10th of the following month.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_____

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 _____

Guardian: _____ Date _____

Office Use Only	
Accepted by: _____ Director	Date _____