Shepherd of the Valley Lutheran Preschool Program Enrollment Contract 2024 - 2025

Student_				🗖 Male 📮 Female
	Last Name (Legal)	First Name	Middle	
Date of B	irth/		Office Use Onl	y (3-5 yrs)
)/Guardian(s):	уууу	Blossom Butterfly	
Father:	Last Name (Legal)			egal Custody: 🗖 Yes 📮 No
		First Name	Middle	
Mother:	Last Name (Legal)	First Name	L Middle	egal Custody: 🗖 Yes 📮 No
Home A	ddress:			
Father:		City, Zip Code	()	□ Yes □ No phone Child Resides
	Street	City, Zip Code	Tele	
Mother:	Strant	City, Zip Code	()	phone
Email/Fat	ther:		_ Email/Mother:	
_	•	d upon enrollment and is	non-refundable.	
Annual	Tuition Rates*:	<u>Half Day</u> (9:00 a.m12:45 p.m.)		Extended Day m.) (9:00 a.m 5:00 p.m.)
3-Day P	rogram M/W/F	□\$ 5,800	□\$ 7,250	□\$ 8,150
5-Day P	rogram M-F	□\$ 8,600	□\$ 9,750	□\$ 11,400
*Automate	ed payments from bo	ınk required for tuition and	fees.	
one mor	nth's tuition inst month's tuition. T May 1, 2025. Th	allment must be paid he remaining nine (9)	by July 10, 2024. Thi payments will be from	ecurity Deposit equal to is deposit will be applied to in September 1, 2024 efunds for days missed due
for paym	ents made after ti gaccount are requ	be withdrawn on the fir he 5 th and all returned p tired for all charges.		th. There is a \$30 charge payments from a bank
	/after care will b			7.50 per hour). Charges account on the 10th of the

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: \$100 per month for 5-Day Enrollment \$ 60 per month for 3-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. Pullups, 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 ☐ Guardian Please indicate parties responsible for tuition payment:

Father ☐ Mother Parent/Guardian Signature: (All responsible parties are required to sign.) Guardian: Date _____

Office Use Only						
Accepted by:_	Director		Date			