## Shepherd of the Valley Lutheran Transitional Kindergarten Enrollment Contract 2025 - 2026

Student					🛛 Male	🖵 Fe	emale
	Last Name (Legal)	First Name	Midd	le			
Date of	Birth//	Student m	ust be turning 5 l	between 9/2/20	025 - 9/1,	/2026	,
Parent(s	s)/Guardian(s):						
Father:				Legal Cu	ustody: 🛛	Yes	🛛 No
	Last Name (Legal)	First Name	Middle				
Mother:				Legal Cu	ustody: 🛛	Yes	🛛 No
	Last Name (Legal)	First Name	Middle				
Home A	Address:						
Father:			( )			l Yes	🗆 No
	Street	City, Zip Code		Telephone	Cł	nild Resi	des
Mother:			( )			Yes	🗆 No
	Street	City, Zip Code		Telephone	Cł	nild Resi	des
Email/Father:			Email/Mother:				

## Fee Schedule for 2025 - 2026

## **Registration Fee: \$475**

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

<b>Annual Tuition Rates*:</b>	<u>Half Day</u>	<u>School Day</u>	Extended Day
	(9:00 a.m. – 12:45 p.m.)	(9:00 a.m. – 2:45 p.m.)	(9:00 a.m. – 5:00 p.m.)
4-Day Program	□\$ 7,500	□\$ 8,850	□\$ 10,570
5-Day Program M-F	□\$ 9,000	□\$ 10,200	□\$ 12,500

\*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 by July 10, 2025 or the day of enrollment. This deposit will be applied to the last month's tuition. The remaining nine (9) payments will be from September 1, 2025 through May 1, 2026. There is no reduction for shortened months or refunds for days missed due to illness or vacation. Initial

**Tuition installments** will be withdrawn on the first (1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

Early care 8-9 a.m. (\$9 charge for drop-offs before 8:45 a.m.)/Aftercare is billed depending on pick-up time (\$20 charge for sign-outs 15 minutes or more after scheduled pick-up time). Charges for early/after care will be automatically withdrawn from your bank account on the 10th of the following month.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 www.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: Parent/Guardian Signature: (All responsible parties are required to sign.)

Father:	Date
Mother:	Date
Guardian:	Date

Accepted by:_	Director		Date