

St. Stephen Presbyterian Preschool
20121 Devonshire Street
Chatsworth, CA, 91311
(818) 360 7330

Dear Parents,

The following checklist is a list of the forms to be completed for your child's registration. Please keep in mind the questions we have asked are for the purpose of helping us to protect, care for and give appropriate guidance to your child. Please also provide a current copy of your child's immunization record.

- 1. Child Information Page
- 2. Emergency Medical Treatment LIC627
- 3. Emergency Cards – pick-up
- 4. Enrollment Agreement
- 5. Family and Social Information
- 6. Health History LIC702
- 7. Identification Information Form LIC700
- 8. Information Release Authorization
- 9. Parent's Rights LIC995
- 10. Personal Rights LIC613A
- 11. Physician's Form – Immunization record LIC701
- 12. Registration Agreement

In order to complete your child's enrollment we must have all forms completed. If you have any questions, please do not hesitate to call the preschool office.

St. Stephen Preschool Child Information

Child's Name _____ Nickname _____ Date of Birth _____

Home Address _____ City _____ Zip Code _____

Parent's Name _____ Cell Phone _____

Parent's Name _____ Cell Phone _____

Home Phone _____

Parent Occupations:

Parent _____ Phone _____ Email _____

Parent _____ Phone _____ Email _____

Child is living with (please circle) Both Parents Mother Father Other Separated Divorced Widowed

If divorced or separated, how often does the child see the parent not living with him/her?

Is the child adopted? _____ If yes have you discussed it together? _____

Other Children in the family:

Name _____ Gender _____ Age _____

Name _____ Gender _____ Age _____

Name _____ Gender _____ Age _____

Child lives with (Other than Parent):

Name _____ Relationship _____

Languages spoken at home: _____

Has your child attended preschool before? Yes No

Where: _____ How long: _____

List any enrichment/therapeutic services your child has received or is currently receiving:

List allergies including foods, medications, environmental, and any food restrictions for your child on the space below. Your signature at the bottom of this page gives St. Stephen Preschool permission to post your child's allergy/food restrictions at the school. _____

Epinephrine (Epi pen)? _____

St. Stephen has my permission to contact my child's physician if questions arise regarding my child's health condition.

The email, phone number, and address you provide will appear on the classroom roster.

Parent's Signature

Date

childinformationpage

CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

_____ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

_____. THIS CARE MAY BE GIVEN UNDER
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD
NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

_____ DATE

_____ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

_____ HOME ADDRESS

HOME PHONE
()

WORK PHONE
()

Emergency – Disaster Pick-up Authorization 2018-2019
Please list same individuals as listed on Form LIC 700

Name _____ Date of Birth _____

Address _____

Home Phone _____ Alternate Phone _____

Mom Cell _____ Work _____

Dad Cell _____ Work _____

In Case of Emergency, Contact:

Parent Names _____

In the event of a major disaster or emergency, St. Stephen Preschool needs to be prepared for unusual circumstances. We may not be able to pick-up my/our child in a timely manner. I/we hereby give authorization to have our child released to the adults listed below.

Name _____ Phone Number _____

_____ Cell Yes or No _____

_____ Cell Yes or No _____

Specific parents from St. Stephen Preschool who are known to staff. Please Release my child to: _____

Emergency – Disaster Pick-up Authorization 2018-2019

Child's Name _____

In the event of an emergency or major disaster I hereby authorize St. Stephen Preschool, its Directors and staff, to call a physician for medical or surgical care for my child, _____ should an emergency arise where such service is needed. It is understood that conscientious effort must be made to contact me or _____ before any action is taken. The expense of this care will be accepted by me/us.

Both parent's signatures required:

Name _____ Date _____

Name _____ Date _____

Physician's Name _____ Phone _____

Address _____

Important Medical Information (allergies, medical conditions etc.) _____

St. Stephen Preschool Enrollment Agreement

This Enrollment Agreement is entered into this _____ day of _____, 20__ by and between St. Stephen Preschool and

_____ the Parent(s)/Guardian(s), of

(Father)

(Mother)

_____ whose home address is

(Child's full name)

The parent shall pay to the preschool the monthly tuition amount of \$_____. This amount shall be due and payable on the first day of each month. September 20__ through May 20__. The tuition deposit (DEF payment) paid upon enrollment is applied to the June tuition.

I/We have received and read the Plan of Action Parent Handbook and agree to abide by the policies and procedures of St. Stephen Presbyterian Preschool. (received electronically).

_____ St. Stephen Plan of Action Parent Handbook 20__ -20__ (please initial)

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

Signature of Director-St. Stephen Preschool

Date

St. Stephen Preschool
Family and Social History

Child's Name _____

How much did your child weight at birth? _____ Was your child full term? _____

Religious Affiliation _____

Do grandparents live nearby? _____ Do they visit often? _____ is there a close relationship with the grandparents? _____

Has your child been cared for by someone other than parents? _____ By whom? _____

How does your child act when left with a sitter? _____

Is your child independent in dressing? _____ undressing? _____ washing hands? _____ toileting? _____ eating? _____

What does your child do when frustrated or disappointed? _____

Does your child cry easily? _____

Does it bother your child to get dirty or messy? _____

Does it bother you for your child to get dirty or messy? _____

What is your child's favorite toy? _____

Do you have pets? _____ What type? _____ Names _____

What are your child's favorite activities? _____

What motivates your child? (i.e. positive reinforcement, prizes, etc.): _____

What kinds of things upset your child? _____

Mention one thing you enjoy about your child: _____

Mention your child's academic/ social strengths: _____

CHILD'S PREADMISSION HEALTH HISTORY—PARENT'S REPORT

CHILD'S NAME	SEX	BIRTH DATE
FATHER'S/FATHER'S DOMESTIC PARTNER'S NAME	DOES FATHER/FATHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
MOTHER'S/MOTHER'S DOMESTIC PARTNER'S NAME	DOES MOTHER/MOTHER'S DOMESTIC PARTNER LIVE IN HOME WITH CHILD?	
IS /HAS CHILD BEEN UNDER REGULAR SUPERVISION OF PHYSICIAN?	DATE OF LAST PHYSICAL/MEDICAL EXAMINATION	

DEVELOPMENTAL HISTORY (*For infants and preschool-age children only)

WALKED AT*	BEGAN TALKING AT*	TOILET TRAINING STARTED AT*
MONTHS	MONTHS	MONTHS

PAST ILLNESSES — Check illnesses that child has had and specify approximate dates of illnesses:

	DATES		DATES		DATES
<input type="checkbox"/> Chicken Pox		<input type="checkbox"/> Diabetes		<input type="checkbox"/> Poliomyelitis	
<input type="checkbox"/> Asthma		<input type="checkbox"/> Epilepsy		<input type="checkbox"/> Ten-Day Measles (Rubeola)	
<input type="checkbox"/> Rheumatic Fever		<input type="checkbox"/> Whooping cough		<input type="checkbox"/> Three-Day Measles (Rubella)	
<input type="checkbox"/> Hay Fever		<input type="checkbox"/> Mumps			

SPECIFY ANY OTHER SERIOUS OR SEVERE ILLNESSES OR ACCIDENTS

DOES CHILD HAVE FREQUENT COLDS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY IN LAST YEAR?	LIST ANY ALLERGIES STAFF SHOULD BE AWARE OF
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DAILY ROUTINES (*For infants and preschool-age children only)

WHAT TIME DOES CHILD GET UP?*	WHAT TIME DOES CHILD GO TO BED?*	DOES CHILD SLEEP WELL?*
DOES CHILD SLEEP DURING THE DAY?*	WHEN?*	HOW LONG?*
DIET PATTERN: (What does child usually eat for these meals?)	BREAKFAST LUNCH DINNER	WHAT ARE USUAL EATING HOURS? BREAKFAST _____ LUNCH _____ DINNER _____

ANY FOOD DISLIKES?	ANY EATING PROBLEMS?
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IS CHILD TOILET TRAINED?*	IF YES, AT WHAT STAGE:*	ARE BOWEL MOVEMENTS REGULAR?*	WHAT IS USUAL TIME?*
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

WORD USED FOR "BOWEL MOVEMENT"*	WORD USED FOR URINATION*
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PARENT'S EVALUATION OF CHILD'S HEALTH

IS CHILD PRESENTLY UNDER A DOCTOR'S CARE?	IF YES, NAME OF DOCTOR:	DOES CHILD TAKE PRESCRIBED MEDICATION(S)?	IF YES, WHAT KIND AND ANY SIDE EFFECTS:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

DOES CHILD USE ANY SPECIAL DEVICE(S):	IF YES, WHAT KIND:	DOES CHILD USE ANY SPECIAL DEVICE(S) AT HOME?	IF YES, WHAT KIND:
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

PARENT'S EVALUATION OF CHILD'S PERSONALITY

HOW DOES CHILD GET ALONG WITH PARENTS, BROTHERS, SISTERS AND OTHER CHILDREN?

HAS THE CHILD HAD GROUP PLAY EXPERIENCES?

DOES THE CHILD HAVE ANY SPECIAL PROBLEMS/FEARS/NEEDS? (EXPLAIN.)

WHAT IS THE PLAN FOR CARE WHEN THE CHILD IS ILL?

REASON FOR REQUESTING DAY CARE PLACEMENT

PARENT'S SIGNATURE

DATE

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME					BIRTHDATE
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE ()
LAST					MIDDLE
FIRST					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD					HOME TELEPHONE ()
LAST NAME					MIDDLE
FIRST					BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

- CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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St. Stephen Release of Information Page

Phone Number/Address

I grant permission to give my/our home telephone number and address to the parents of children currently enrolled in St. Stephen Preschool for such non commercial uses such as setting up Birthday parties, etc.

I do not grant permission to give my/our home telephone number and address to the parents of children currently enrolled in St. Stephen Preschool for such non commercial uses such as setting up Birthday parties, etc. Any use of names, addresses, and/or telephone numbers for solicitation is **prohibited**.

Photo/Videotape Release Form

Throughout the school year, there may be times when St. Stephen staff, the media, or other organizations, with the approval of the school, may take photographs of students, audiotape/videotape students, or interview students for school-related stories in a way that would individually identify a specific student. Those photographs and/or audio/videotaped images or interviews may appear in publications; in video productions; on a Web site; in the news media; or in other nonprofit, education-related organizations' publications. Please complete this form, and return it

I grant permission to use my child's photograph and/or videotaped image for the purposes mentioned above. I understand and agree that St. Stephen Preschool may use these photos and/or videotaped images in subsequent school years unless I revoke this authorization by notifying the in writing. I further grant permission to allow my child to be photographed, audio/videotaped, or interviewed by the news media or other organizations for school-related stories or articles.

I **do not** grant permission to use my child's photograph and/or videotaped image for any of the purposes mentioned above.

Student's Name: _____

Parent's/Guardian's Name: _____

Address:

City/State: _____ Zip Code:

Telephone Number: _____

Parent's/Guardian's Signature: _____ Date: _____

FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS

PARENTS' RIGHTS

As a Parent/Authorized Representative, you have the right to:

1. Enter and inspect the family child care home without advance notice whenever children are in care.
2. File a complaint against the licensee with the licensing office and review the licensee's public file kept by the licensing office.
3. Review, at the family child care home, reports of licensing visits and substantiated complaints against the licensee made during the last three years.
4. Complain to the licensing office and inspect the family child care home without discrimination or retaliation against you or your child.
5. Be notified and receive, from the licensee, a written notice that lists the name of any person not allowed in the family child care home while children are present. **(NOTE: This notice is only required when the Department has, in writing, excluded someone from the family child care home on or after January 1, 2001).**
6. Request in writing that a parent not be allowed to visit your child or take your child from the family child care home, provided you have shown a certified copy of a court order.
7. Receive from the licensee the name, address and telephone number of the local licensing office.

Licensing Office Name: Community Care Licensing
 Licensing Office Address: 6167 Bristol Parkway #400, Culver City, CA 90230
 Licensing Office Telephone #: 310-377-4333

8. Be informed by the licensee, upon request, of the name and type of association to the family child care home for any adult who has been granted a criminal record exemption, and that the name of the person may also be obtained by contacting the local licensing office.
9. Receive, from the licensee, the Caregiver Background Check Process form.
10. Be informed, by the licensee, that the facility has or does not have liability insurance (or a bond) that covers injury to clients due to the negligence of the licensee or employees of the facility.

NOTE: CALIFORNIA STATE LAW PROVIDES THAT THE LICENSEE MAY DENY ACCESS TO THE FAMILY CHILD CARE HOME TO A PARENT/AUTHORIZED REPRESENTATIVE IF THE BEHAVIOR OF THE PARENT/AUTHORIZED REPRESENTATIVE POSES A RISK TO CHILDREN IN CARE.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995A (8/08)

(Detach Here - Give Upper Portion to Parents)

ACKNOWLEDGEMENT OF NOTIFICATION OF PARENTS' RIGHTS (Parent/Authorized Representative Signature Required)

I, the parent/authorized representative of _____, have received a copy of the "FAMILY CHILD CARE HOME NOTIFICATION OF PARENTS' RIGHTS", the CAREGIVER BACKGROUND CHECK PROCESS and the FAMILY CHILD CARE CONSUMER AWARENESS INFORMATION form from the licensee. _____
Name of Family Child Care Home

Signature (Parent/Authorized Representative) _____ Date _____

NOTE: This Acknowledgement must be kept in child's file and a copy of the Notification given to the parent/authorized representative.

For the Department of Justice "Registered Sex Offender" database, go to www.meganslaw.ca.gov

LIC 995A (8/08)

PERSONAL RIGHTS

Child Care Centers

Personal Rights, See Section 101223 for waiver conditions applicable to Child Care Centers.

- (a) Child Care Centers. Each child receiving services from a Child Care Center shall have rights which include, but are not limited to, the following:
- (1) To be accorded dignity in his/her personal relationships with staff and other persons.
 - (2) To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
 - (3) To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, coercion, threat, mental abuse, or other actions of a punitive nature, including but not limited to: interference with daily living functions, including eating, sleeping, or toileting; or withholding of shelter, clothing, medication or aids to physical functioning.
 - (4) To be informed, and to have his/her authorized representative, if any, informed by the licensee of the provisions of law regarding complaints including, but not limited to, the address and telephone number of the complaint receiving unit of the licensing agency and of information regarding confidentiality.
 - (5) To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attendance at religious services, either in or outside the facility, shall be on a completely voluntary basis. In Child Care Centers, decisions concerning attendance at religious services or visits from spiritual advisors shall be made by the parent(s), or guardian(s) of the child.
 - (6) Not to be locked in any room, building, or facility premises by day or night.
 - (7) Not to be placed in any restraining device, except a supportive restraint approved in advance by the licensing agency.

THE REPRESENTATIVE/PARENT/GUARDIAN HAS THE RIGHT TO BE INFORMED OF THE APPROPRIATE LICENSING AGENCY TO CONTACT REGARDING COMPLAINTS, WHICH IS:

Community Care Licensing

NAME

6167 Bristol Parkway #400

ADDRESS

Culver City

CITY

CA

ZIP CODE

90230

AREA CODE/TELEPHONE NUMBER

310-377-4333

DETACH HERE

TO: PARENT/GUARDIAN/CHILD OR AUTHORIZED REPRESENTATIVE:

PLACE IN CHILD'S FILE

Upon satisfactory and full disclosure of the personal rights as explained, complete the following acknowledgment:

ACKNOWLEDGMENT: I/We have been personally advised of, and have received a copy of the personal rights contained in the California Code of Regulations, Title 22, at the time of admission to:

(PRINT THE NAME OF THE FACILITY)

St. Stephen Preschool

(PRINT THE ADDRESS OF THE FACILITY)

20121 Devonshire Street, Chatsworth CA 91311

(PRINT THE NAME OF THE CHILD)

(SIGNATURE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(TITLE OF THE REPRESENTATIVE/PARENT/GUARDIAN)

(DATE)

PHYSICIAN'S REPORT—CHILD CARE CENTERS (CHILD'S PRE-ADMISSION HEALTH EVALUATION)

PART A – PARENT'S CONSENT (TO BE COMPLETED BY PARENT)

_____, born _____ is being studied for readiness to enter
(NAME OF CHILD) (BIRTH DATE)

_____. This Child Care Center/School provides a program which extends from _____ : _____
(NAME OF CHILD CARE CENTER/SCHOOL)
a.m./p.m. to _____ a.m./p.m. , _____ days a week.

Please provide a report on above-named child using the form below. I hereby authorize release of medical information contained in this report to the above-named Child Care Center.

(SIGNATURE OF PARENT, GUARDIAN, OR CHILD'S AUTHORIZED REPRESENTATIVE) (TODAY'S DATE)

PART B – PHYSICIAN'S REPORT (TO BE COMPLETED BY PHYSICIAN)

Problems of which you should be aware:

Hearing: _____ Allergies: medicine: _____

Vision: _____ Insect stings: _____

Developmental: _____ Food: _____

Language/Speech: _____ Asthma: _____

Dental: _____

Other (Include behavioral concerns): _____

Comments/Explanations: _____

MEDICATION PRESCRIBED/SPECIAL ROUTINES/RESTRICTIONS FOR THIS CHILD: _____

IMMUNIZATION HISTORY: (Fill out or enclose California Immunization Record, PM-298.)

VACCINE	DATE EACH DOSE WAS GIVEN				
	1st	2nd	3rd	4th	5th
POLIO (OPV OR IPV)	/ /	/ /	/ /	/ /	/ /
DTP/DTaP/ DT/Td (DIPHTHERIA, TETANUS AND [ACELLULAR] PERTUSSIS OR TETANUS AND DIPHTHERIA ONLY)	/ /	/ /	/ /	/ /	/ /
MMR (MEASLES, MUMPS, AND RUBELLA)	/ /	/ /	/ /	/ /	/ /
HIB MENINGITIS (REQUIRED FOR CHILD CARE ONLY) (HAEMOPHILUS B)	/ /	/ /	/ /	/ /	/ /
HEPATITIS B	/ /	/ /	/ /	/ /	/ /
VARICELLA (CHICKENPOX)	/ /	/ /	/ /	/ /	/ /

SCREENING OF TB RISK FACTORS (listing on reverse side)

- Risk factors not present; TB skin test not required.
- Risk factors present; Mantoux TB skin test performed (unless previous positive skin test documented).
___ Communicable TB disease not present.

I have have not reviewed the above information with the parent/guardian.

Physician: _____
Address: _____
Telephone: _____

Date of Physical Exam: _____
Date This Form Completed: _____
Signature _____

Physician Physician's Assistant Nurse Practitioner

RISK FACTORS FOR TB IN CHILDREN:

- * Have a family member or contacts with a history of confirmed or suspected TB.
- * Are in foreign-born families and from high-prevalence countries (Asia, Africa, Central and South America).
- * Live in out-of-home placements.
- * Have, or are suspected to have, HIV infection.
- * Live with an adult with HIV seropositivity.
- * Live with an adult who has been incarcerated in the last five years.
- * Live among, or are frequently exposed to, individuals who are homeless, migrant farm workers, users of street drugs, or residents in nursing homes.
- * Have abnormalities on chest X-ray suggestive of TB.
- * Have clinical evidence of TB.

Consult with your local health department's TB control program on any aspects of TB prevention and treatment.

ST. STEPHEN PRESBYTERIAN PRESCHOOL
20121 DEVONSHIRE STREET
CHATSWORTH, CA 91311
(818) 360-7330

(OFFICE USE ONLY)
Room: _____
Age as of Sept. 1: _____
M Tu W Th F

School Year 2018/2019

Child's name _____ Birthdate _____ Gender _____

Name of parents: #1 _____ #2 _____

Home address, City, Zip _____ Telephone # _____

Cell Phone # _____

E-mail address _____

Parent's Occupation _____ Phone # _____

Parent's Occupation _____ Phone # _____

How did you learn about the school: _____

Religion/Church _____ **ALLERGIES?** _____

REGISTRATION FEES

A \$145.00 **NON REFUNDABLE** registration fee must accompany this application.

A \$15.00 Earthquake Fee must accompany this application.

TUITION OPTIONS:

(Monthly tuition reflects the yearly tuition divided into 10 equal payments (Sept - June))

Check Program(s) Desired For Your Child:

	<u>2 DAYS</u>	<u>3 DAYS</u>	<u>4 DAYS</u>	<u>5 DAYS</u>
<u>EARLY BIRDS (8:00-9:00am):</u>	_____	_____	_____	_____
	\$36.00	\$44.00	\$60.00	\$74.00
<u>REGULAR HOURS (9:00AM – 12:00PM):</u>	_____	_____	_____	_____
	\$276.00	\$412.00	\$550.00	\$590.00
<u>KIDS CLUB (12:00 – 2:00PM):</u>	_____	_____	_____	_____
	\$85.00	\$128.00	\$171.00	\$215.00

DAILY EARLY BIRDS: \$3.50 per ½ hour

DAILY KIDS CLUB: \$11.00 per day

St. Stephen Presbyterian Church members receive a 15% discount on tuition.

There is a 5% discount for siblings enrolled in the preschool.

Please see reverse side to review and sign the Financial Agreement.

FINANCIAL AGREEMENT

REGISTRATION: A non-refundable annual registration fee of \$140.00 is required at the time of enrollment as is \$15 Earthquake fee.

SECURITY DEPOSIT: On the Enrollment Date, a required Security Deposit equal to one-month tuition shall be paid. **If your child withdraws from the school before the end of the 2018/2019 school year, a four-week written notice is required and is applied to a student's last month's tuition. If your child is withdrawn without a four-week written notice and/or after April 30, 2019, the security deposit will be forfeited. If your child remains in school, the security deposit will be applied to your June 2019 tuition.**

TUITION: When registering your child, think in terms of an annual. This annual fee is divided into ten (10) equal payments and is based on the number of days' school IS IN session. If enrollment occurs after the first month of the school year, the tuition amount will be adjusted accordingly. Tuition is due and payable by the 10th of each month. A late fee of \$25. Will be assessed for all tuition not received by that date.

NO REDUCTIONS: Because tuition is based on annual rates, there are no reductions for months in which there are fewer class days, such as September, December, January, April, June, illness, family vacations or any circumstances beyond the school's control.

MONTHLY TUITION: Tuition can be paid in one lump sum by June 30, 2018 or on a monthly basis, beginning September 2018. Monthly tuition will be collected through FACTS Management Company via Automatic Bank Payments (ACH). Starting in September, monthly tuition will be withdrawn on the 5th of each month. If you use the Daily Kids Club and/or Early Bird programs, you will be notified of the additional charges each month. These charges, with your authorization, can be collected by FACTS through automatic payment at the same time as monthly tuition.

LATE PAYMENTS: Monthly tuition charges will be processed via Automatic Bank Payment (ACH) on the 5th of each month. If an automatic bank payment is returned due to insufficient funds in the account, FACTS will assess a \$30.00 Returned Payment Fee. In addition, FACTS will reattempt to collect the bank payment on the 20th of the month. If the automatic bank payment fails again on the 20th, St. Stephen Preschool will assess a \$25.00 fee in addition to the \$30.00 FACTS Returned Payment Fee. There will be a \$25.00 late payment fee for all payments received after the 10th day of each month unless an agreement has been arranged with the Director.

RETURNED CHECKS: A charge of \$25.00 will be made for all returned checks. The school reserves the right to ask for cash or money order to replace returned checks.

LATE PICKUP: For children enrolled in any program (Regular hours, Kids' Club) there is a 10-minute grace period. For children who are picked up after the grace period, the person picking up the child will be asked to sign a late pickup slip and a fee of \$1.00 for every minute will be assessed.

I hereby certify that I have read and understand this Financial Agreement and enrollment.

Signed: _____ Date: _____ Registration paid: _____
Parent's Signature

Security Deposit paid: _____