

Registration & Contract Form

Child's Name: _____

Address: _____ City: _____ Zip: _____

Birthdate: _____ Age: _____ M F

Mother's Name: _____

Address: _____ City: _____ Zip: _____

Employer: _____ ODL#: _____

Home Phone: _____

Work Phone: _____

Email: _____

Father's Name: _____

Address: _____ City: _____ Zip: _____

Employer: _____ ODL#: _____

Home Phone: _____

Work Phone: _____

Email: _____

Person assuming care and custody: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Attendance Schedule

Mark which class you prefer by #1 your first choice #2 second choice #3 third choice

3 year old's

T/TH am _____

M/Wam _____ (older 3's teacher approval only)

4 year old's

M/W/F am _____

T/TH/F pm _____

M/T/TH/F pm _____

Pick Up

Authorized people who may pick up the above named child:

Name	Address	Phone

Is there anyone who is **NOT** allowed to pick up the above named child:

Tuition and Payments:

3-year-olds	
T/TH	\$ 90.00/month
M/W	\$105.00/month

4 year olds	
M/W/F	\$120.00/month
T/TH/F	\$125.00/month
M/T/TH/F	\$150.00/month

Non Refundable Registration Fee \$50.00

Tuition is due by the 1st of each month in the silver box outside the preschool door. Make checks to Shining Light Christian Preschool.

1. **1st and Last Months tuition will be due in September's payment.**
2. If paying 2 months tuition in September is a problem please talk to me and we can work out a payment schedule.
3. Payments will be late after the 5^h of each month and late fees will be assessed.
4. Any invoices not paid by the 5th of each month will be assessed a ten dollar (\$10) a day late fee. If full tuition plus late fees are not paid by the 10th of each month, services will be suspended. To regain your child's spot, the full tuition, late fee owed plus a fifty-dollar (\$50) re-instatement fee must be paid prior to their return, provided their space is still available. NO EXCEPTIONS WILL BE MADE FOR LATE PAYMENTS.
5. All returned checks have a \$35.00 charge and cash must be paid for all other tuition payments.
6. A 20% monthly discount* is given to a family who has more than one child enrolled.
6. A 15% monthly total discount* is offered it RLCC members.

**one discount per family*

Late Pick-ups:

Being late to pick-up your child will not be permitted. Occasional (once a month or less) is to be tolerated. **If you are going to be late please call and leave a message on the school phone 541 306 9484 this is the only way to avoid late charges and will only be allowed once a month unless a totally unavoidable circumstance arises.**

1. Child must be picked up by 5 minutes after class is dismissed (time is by the school clock).
2. \$1.00/minute will be charged for the 1st 5 minutes after that.
3. \$5.00/minute will be charge for anything after 10 minutes late.
4. Only 3 late occurrences will be permitted each month. Any more than this and fines are doubled.
5. Late fee charges for your child will be due in cash by the last day of school that week. If late fee is not paid your child will not be allowed to return until the full late fee is paid plus a fifty dollar (\$75) re-instatement fee is paid in cash.

Withdrawals:

Parents may withdraw a child from the preschool at any time. ***ONE MONTH WRITTEN NOTICE IS REQUIRED FOR ANY REFUNDS.*** Last months tuition is refundable until January 1st with a one month written notice. After this date you will not receive a refund unless your spot is filled before your child is withdrawn, but it may be used for your last month's tuition.

Class Cancellation:

We reserve the right to cancel any class no later than August 25th if enrollment is not at a level that will maintain the class. You will receive a full refund of any deposit made.

Authorization for Medical Emergencies

I, _____, authorize Shining Light Christian Preschool to secure emergency medical and/or surgical treatment from a licensed physician and/or hospital for my child, _____ should such be necessary. I understand that all reasonable efforts will be made to notify me before such action is taken and agree that the result of such emergency care will be accepted by me.

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Insurance: _____

Policy Number: _____ Group Number: _____

Signature of parent/guardian: _____ Date: _____

Authorization for Transportation

I, _____, hereby authorize Shining Light Christian Preschool to provide transportation in a private or public vehicle for my child, _____ for purpose of transporting during emergency purposes or for aftercare.

Signature of parent/guardian: _____ Date: _____

VACCINE EXEMPTION FORM (only fill out if child is NOT immunized)

I, _____, as the parent, guardian of the child _____ after considering the risks and benefits of the vaccine(s) do hereby decide not to vaccinate my child with the following vaccines:

Diphtheria	Measles	Influenza
Tetanus	Mumps	Other
Pertussis	Rubella	Smallpox Anthrax
Polio	Haemophilus influenza type b	
Hepatitis B	Varicella	Hep A

Date: _____
Parent/Guardian _____

Enrollment Procedure:

The following forms and information must be submitted before enrollment to preschool is complete:

- registration & contract form
- Non-refundable registration fee (\$50)

No child's spot will be held without the non-refundable registration fee

Contract & Policy Agreement Form

I do hereby agree to the conditions set forth in the Contract & Policy agreement by Shining Light Christian Preschool.

Signed: _____ Date: _____
(Director)

Signed: _____ Date: _____
(Parent/Guardian)

Signed: _____ Date: _____
(Parent/Guardian)

Additional Information:
