

St. John's LITTLE LAMBS PRESCHOOL

\$65 fee is required at registration

2018-2019

Please complete the following attached documents:

General Information

Financial Agreement

Photo Release/Permission

Affidavit*

**You may have someone notarize this for you*

BLUE SLIP* - We will need a current immunization record on file
as soon as possible.

***If your child is currently enrolled, this document is already on file and you will be notified prior to the expiration date.*

CURRICULUM FEE*** *due by the first day of school:*

M-F - \$50

MIWIF - \$50

TITH - \$50

****All classes use the A Beka Curriculum. The curriculum fee is the same for all students. Because partial curriculum cannot be ordered, any curriculum that may be covered on the days that your child does not attend will be sent home on their next school day.*

2018-2019

(office use only) Teacher _____ Schedule _____

ST. JOHN'S LITTLE LAMBS PRESCHOOL

REGISTRATION FORM (Please print)

NAME OF CHILD _____ MALE OR FEMALE (circle one)

ADDRESS _____ CITY _____ ST _____ ZIP _____

AGE OF CHILD _____ DATE OF BIRTH _____ (MUST BE AGE APPROPRIATE BY SEPT. 2)

Mother: Name _____ Cell # _____

Email _____ Employer _____ BusinessPhone _____

What hours do you work? _____ Church Affiliation _____

Father: Name _____ Cell # _____

Email _____ Employer _____ Business Phone _____

What hours do you work? _____ Church Affiliation _____

Siblings: Name: _____ Age _____ Name: _____ Age _____ Name: _____ Age _____

EMERGENCY CONTACT NUMBER: (other than parents – parents will be contacted first)

Name _____ Phone _____ Relationship to child _____

ALLERGIES? _____

Reaction to allergy? _____ Treatment _____

WHAT SERIOUS ILLNESS, IF ANY HAS YOUR CHILD HAD? _____

TOILET HABITS: Trained Untrained (circle one)

DOES YOUR CHILD TAKE AN AFTERNOON NAP? _____

WHAT FEARS DOES YOUR CHILD HAVE? _____

BEHAVIOR HABITS? (biting nails, thumb sucking, tantrums, biting, special comfort needs at naptime etc.)

ANY OTHER INFORMATION THAT SHOULD BE KNOWN? _____

NAME OF INSURANCE COMPANY _____ POLICY # _____

NAME OF INSURED _____ PHYSICIAN _____

THE FOLLOWING INDIVIDUALS MAY PICK UP MY CHILD FROM LITTLE LAMBS PRESCHOOL (other than parents)

NAME _____ PHONE _____ RELATIONSHIP TO CHILD _____

NAME _____ PHONE _____ RELATIONSHIP TO CHILD _____

In the case of custody issues etc. Please let us know if there is anyone who should absolutely not pick up your child)

PARENT'S SIGNATURE _____ DATE _____

(office use only) Reg. Fee _____ Curr./Act. Fee _____

St. John's Little Lambs Preschool

FINANCIAL AGREEMENT

To be completed by all persons financially responsible for tuition and fees for each enrolled child. IF APPLICABLE, BOTH parents/guardians must sign this agreement form and return to the preschool.

Date: _____

Please circle: Initial Enrollment or Re-enrollment

For the school year August 2018 to August 2019

Person(s) responsible for payment ("Responsible Parties") _____,

Parents/Guardians of _____.

In consideration of the enrollment of the above-named child at St. John's Little Lambs Preschool for the indicated school year, I acknowledge and agree to the following:

MONTHLY TUITION PAYMENT SCHEDULE

The monthly tuition(s) that the undersigned Responsible Parties are obligated to pay are the following: **Please check the days and amount you will pay.**

_____ Monday-Friday/Extended 6:30-5:30 \$385 per month

_____ Monday-Friday 8:00-2:30 \$285 per month

_____ Monday/Wednesday/Friday 8:00-2:30 \$195 per month

_____ Tuesday/Thursday 8:00-2:30 \$155 per month

If your chosen schedule does not include extended care (\$385 includes AM/PM Care) you will need to pay for any extended sessions that your child attends. AM Extended Care is \$7 per session/per child and PM Extended Care is an additional \$8 per session/per child. AM Extended Care is arrival prior to 7:40 a.m. and PM Extended Care begins at 2:45. You will receive a statement for any extended care at the end of each month. You will need to include the additional amount with your next month's tuition.

II. Withdrawal Policy

No less than 30-Days prior to withdrawal of a child, written notice must be delivered to the Director of the Preschool. If such notice is not given, a fee in the amount equal to 50% of the regular monthly tuition will be charged.

III. Delinquent Tuition and Fees

If there are extenuating circumstances that prohibit you from making payment by the first of the month, please let the director know *before the first of the month*. If payment is not received on or before the 5th day of the month, a late payment fee of \$10 will be added to the unpaid balance. If tuition payment and applicable fees are not paid in full by the 20th of the month, the account is considered delinquent and the child will be considered for immediate withdrawal.

If a tuition obligation exists prior to the start of the school year, it will prevent entrance into the preschool program for the upcoming year. Siblings of children with outstanding balances will not be considered for entrance into the preschool program. If a child is withdrawn from the program during the course of the school year, all previously unpaid balances must be paid in full.

IV. Registration & Activity Fees

An annual non-refundable registration fee is due at the time of registration. The registration fee is \$65 per child per year. The annual non-refundable curriculum/activity fee is due on or before the first day of the school year. The curriculum/activity fee is \$50.00 per child per year. There is no discount on registration fee or curriculum fee for late or mid-year registration.

V. Late Pick-up Fee

PM extended ends at 5:30. A \$1.00 per minute per child will be charged after 5:30. You will receive a statement and this must be paid with the next month's tuition.

VI. Holiday/Snow Days/Sick Days/Family Vacation Days

No deductions in tuition or fees shall be made for holidays, inclement weather, family vacations, or in the event of illness. The Preschool is a year round facility and accordingly, tuition and fees are not reduced or pro-rated during absences or closures.

The undersigned Responsible Parties hereby certify that we have read and understand all terms and conditions set forth in this Financial Agreement of St. John's Little Lambs Preschool, and we agree to abide by and comply with all such terms and conditions. In the event of default of any provision for the Financial Agreement, we agree to pay, jointly and severally, all amounts owed to the Preschool pursuant to this Financial Agreement and all costs of collection incurred by the Preschool.

We understand and agree to be the responsible party and pay any and all fees due to Little Lambs Preschool. My duty to pay is not conditioned on or excused by any court order, family agreement or failure by anyone else to pay.

We understand and agree that our obligation to pay tuition and fees described in this Financial Agreement is unconditional and accept as set forth in Article I of this Financial Agreement, no portion of any such tuition and fees will be refunded or cancelled, regardless of the subsequent absence, withdrawal, or dismissal of the child from the Preschool.

We understand and agree that any withdrawal of a child from the Preschool must be in writing and meet all conditions stated in Article I, Withdrawal Policy, and must be acknowledged by the Director of the Preschool.

We understand that the Preschool reserves the right to terminate child-care services in the event of default of this Financial Agreement or violate the policies and practices set out in the most current St. John's Little Lambs Preschool Handbook/Policies and Procedures.

Signature

Signature

Name (printed)

Name (printed)

Address/Zip

Address/Zip

Driver's License # Expiration Date

Driver's License # Expiration Date

Accepted by:

Director

Date

Form of Affidavit for Parent/Guardian

STATE OF ALABAMA

COUNTY OF CULLMAN

Before me, a Notary Public in and for said State and County, appeared

_____ and is known to me; after being duly

parent/guardian name

sworn or affirmed, says as follows:

That affiant is the parent or legal guardian of the minor child/children

_____ ; that affiant has been notified by

child/children's name(s)

Lisa Buchanan a representative of

St. John's Little Lambs Church/School, that said church or school has filed

notice and is exempt under law from regulation by the Department of Human Resources.

_____ Parent/Legal Guardian

parent/legal guardian signature

Sworn, or affirmed to and subscribed before me this _____ day of

_____, 20____.

_____ Notary Public

PHOTO PERMISSION - RELEASE FORM

Full Name of Person in Photo _____ (Child's Name)

Address _____

Phone _____

Location of Photo St. John's Little Lambs Preschool/St. John's Church Events

Date Photo Taken: 2018-2019 School Year

I understand that this photo of the person whose name appears above, is the property of St. John's Evangelical Protestant Church. I give permission for St. John's Evangelical Protestant Church/Little Lambs Preschool to use it for the following. (Check all that apply.)

Church/Preschool Website and Social Media

Church Mail-outs (Pictures in Church Bulletins)

Video Presentations (During Church services etc.)

Brochures (For church/preschool)

Any additional use as determined by St. John's Evangelical Protestant Church (i.e. newspaper articles)

CHECK ONE:

Yes, my child's photo may be used in the above media

No, my child's photo may NOT be used in the above media

Signature of Parent/Guardian

Date _____