

PALM VALLEY LUTHERAN COOPERATIVE PRESCHOOL

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Round Rock, TX 78665
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512-388-5054

www.palmvalleypreschool.org

APPLICATION FOR ADMISSION

Page 1

Child's Name: Last

Child's Name: _____
Last First Middle

Birth Date: ___/___/___ Age as of September 1st: _____ ___ Male ___ Female
Years / Months

Street Address: _____

City, State, and Zip: _____

Home phone: (____) _____

Mother's Information

Father's Information

Name: _____

Name: _____

Employer: _____

Employer: _____

Job Title: _____

Job Title: _____

Work phone: _____

Work phone: _____

Cell phone: _____

Cell phone: _____

Email: _____

Email: _____

****Please circle the BEST number to call.**

Emergency Contacts:

The following people are authorized to pick-up and care for my child. _____
(parent's initials)

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Siblings:

Name: _____ DOB: ___/___/___ Sex _____

Name: _____ DOB: ___/___/___ Sex _____

Name: _____ DOB: ___/___/___ Sex _____

First

For office use only

Registration / Supply Fee: Date paid _____ check amt _____ check # _____

APPLICATION FOR ADMISSION

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Student Information

Reason for attending preschool: _____

Has your child had any previous preschool experience? ____yes ____no

If yes, where? _____ when? _____

Is your child potty trained? ____yes ____no

words used to refer to elimination _____

Please use the space below to provide any comments that might help your child's teacher. Please remember that you may come to your child's teacher at any time with suggestions or questions:

Church which you normally attend: _____

Child's Name: Last

First

Authorization for Emergency Medical Attention

In the event that I, or the individuals previously identified, cannot be reached to make arrangements for emergency attention at the time of illness or accident, I hereby authorize the staff of Palm Valley Lutheran Cooperative Preschool to take my child to:

Doctor: _____ Phone _____
Address: _____

OR Hospital / Clinic: _____
Address: _____

Parent's
Signature: _____ Date: _____

Illnesses, Special Problems or Needs

If my child has any special problems or needs, including allergies and medical conditions, I will share this with the preschool staff prior to the first day of school. If my child develops any illnesses, special problems or needs, including communicable diseases, during the course of the school year, I will share this information with the preschool staff as soon as the problem arises.

The preschool will share with me any special problems or occurrences that might affect my child, including communicable diseases.

Parent's Signature: _____ Date: _____

Has your child ever had any serious illness? ____yes ____no
If yes, explain: _____

Any allergies? ____yes ____no
If yes, please list: _____

Special medical concerns: _____

Other Special needs: _____

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Child's Name: Last

PLEASE CHOOSE 1:

_____ I/We understand that I choose to pay \$100 at the beginning of the school year and be exempt from the cooperative Agreement.

COOPERATIVE AGREEMENT

_____ I / We, the undersigned, agree to the following commitments to the preschool:

1. Participate in the parent orientation meeting.
2. Serve as Helping Parent in your child's class on a rotating basis with other parents.
3. Serve on one committee during the school year. (see choices below)
4. I agree to pay a \$25 fee for each of up to 4 instances when I am unable to participate or find a suitable substitute activity.

Parent's Signature _____ Date _____

COMMITTEE CHOICES

Art – Ongoing throughout the school year

Volunteer via sign up genius to help in the art room from 9-12 on 2 (or more if you'd like) days during the school year. You will help students with art projects, help teachers put names on projects, and restock/ tidy materials for the classes. All of the projects and materials are provided and ready to go for you.

Fundraiser Committee – Fall

Distribute catalogs, collect and tally orders, and distribute the items when they come in.

Fall Festival – October

Decorate prior to the event and prepare materials for classroom activities. Help each class set up and run activities as the students rotate within their age group. Clean up after event.

Christmas Sing-Along – December

Prepare and serve refreshments for the sing-along event that all preschool families are invited to attend. After the event the committee will clean up. The sing-along is on a class day morning.

Pajama Day – January

Prepare / serve food for special Pajama Day lunch. Possibly help with activities. Members may be asked to help prepare activity supplies prior to Pajama Day. Clean up after lunch. Members must be available to be at preschool on Pajama Day 10:00am – 1:30pm.

Silent Auction—February and March

Help get product/service donations. Set up silent auction on auction day (Texas Day). Monitor the items during the auction. Help call/email winners.

Texas Day – March

Help set up and run activities as the students rotate within their age group. Prepare the hot dog picnic lunch. This committee is responsible for serving the food and cleaning up afterward.

Easter Egg Hunt

Collect candy, stuff plastic eggs ahead of time, and then hide the eggs and run the event on the Saturday prior to Easter weekend.

4yr old end of the year program –May - This committee is for two and three-year old parents only.

Organize the reception following the program. Post sign up sheets to collect cookies. Serve cookies and punch at the ceremony and clean up following the reception.

Please select your first and second choice of committees you wish to serve on. If you don't have a preference, please write "please assign" on the first line. You will be contacted in the first few weeks of preschool regarding your committee assignment.

First Choice _____ Second Choice _____

First

Drop-Off / Pick-Up

Please initial by each statement acknowledging that you have read and understand these policies.

_____ I understand that school begins at 9:00 a.m. and that I may bring my child to class no earlier than 8:55 a.m.

_____ I understand that I, or another designated adult, must walk into the building with my child each day, sign him/her in, and make certain that the teacher knows that he/she is there. Older siblings may not bring a child to class. I understand that I am not to leave my child in the classroom without the teacher present.

_____ **I understand that I am to pick up my child promptly at 2:00 p.m. There will be an overtime charge of \$5.00 for the first 15 minutes and \$1.00 per minute thereafter. I understand that I am to call the preschool office if I am going to be late picking up my child.**

_____ I understand that I, or another designated adult, must walk into the building to pick up my child, sign my child out, and inform the teacher that we are leaving. Older siblings may not pick up children from class.

Release of Child

When my child is brought to this facility, he/she will be left with a staff member and released only to the parents or emergency contact person(s) named on page 1.

Parent's
Signature _____ Date _____

Palm Valley Lutheran Cooperative Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship and loan programs, and athletic and other school-administered programs.

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Child's Name: Last

PERMISSION TO PARTICIPATE IN ACTIVITIES

My child, _____ has permission to participate in the following activities at Palm Valley Lutheran Cooperative Preschool.

_____ Water play (sprinklers, water tables, etc.) on Splash Day (Spring). In the event of bad weather, splash day may be rescheduled for an alternate date.

_____ I do

_____ I do not

give permission for PVLCP to photograph /video my child at school and during school events for classroom projects or an end of the year slideshow/photo album.

_____ I do

_____ I do not

give permission for photographs of my child participating in preschool activities to be posted on the PVLCP Facebook, Twitter, Instagram page.

_____ I do

_____ I do not

give permission for photographs of my child participating in preschool activities to be posted on the PVLCP website.

_____ I do

_____ I do not

give permission for photographs of my child participating in preschool activities to be posted in the Palm Valley Church Newsletter

First

Parent Signature

Date

How did you hear about our school?

Previously Attended _____

Website _____

Word of Mouth _____

Referral _____ By Whom? _____

Other _____

HEALTH STATEMENT

This form MUST be properly and fully completed and on file in the Preschool office before the child may begin attending classes.

_____ has been examined by a licensed physician within the past year, or has been examined in a clinic or health program. The child is physically able to take part in the preschool program.

Physician's Signature: _____ Date _____

Printed Name and Address of Physician: _____

IMMUNIZATIONS

A signed copy of immunization records may replace the form below.

Vaccine	Dates Given							
Hepatitis B								
Rotavirus								
Diphtheria, Tetanus, Pertussis								
Haemophilus Influenza type B								
Pneumococcal								
Inactivated Poliovirus								
Measles, Mumps, Rubella								
Varicella								
Hepatitis A								
Meningococcal								
Influenza								

Physicians Signature: _____ Date: _____



Automated Payment Processing Safe – Convenient – Easy

We are excited to offer the safety, convenience and ease of Tuition Express® – a payment processing system that allows on-time tuition and fee payments to be made from either your bank account

ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

Tuition Express allows us to process tuition and fee payments safely, quickly and efficiently. Once enrolled in Tuition Express, your tuition and fee payments will be paid automatically on the 6th of each month. I would like my child's tuition payments of

\$ _____ for Annual Registration (\$195)

\$ _____ for September (Option 1: \$410 in Sept. and \$210 in Oct.) (Option 2: \$315 in Sept. and \$315 in Oct.)

\$ _____ for October

\$ 210 for November, December, January, February, March and April

Child's Name: _____ Parent Signature: _____

I hereby authorize Palm Valley Lutheran Cooperative Preschool to initiate debit entries to my (our) Checking or Savings Account indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Bank or Credit Union Name _____

Bank or Credit Union Address _____ City _____ State _____ Zip _____

Checking Savings

Routing Transit Number (see sample below) _____

Account Number (see sample below) _____

For Official Use Only

Date Received _____

Employee Signature _____



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TUITION AND FEES

TUITION

Tuition is computed on an annual basis and takes into consideration holidays, etc. Tuition may be paid annually in September or monthly. Monthly payments are due by the 5th day of each month. A \$25.00 late charge will be assessed after the 10th day of the month for each month's tuition not paid. Failure to make payment in full* by the end of the current calendar month will result in the temporary suspension of the child(ren) until paid in full*. In times of suspension tuition will continue to accrue.

*Payment in full includes payment of all outstanding tuition and fees.

Absence from school for any reason shall cause no exception in the amount of tuition due, nor will holidays observed within that month.

Tuition for the last month of preschool (May) is due when preschool begins in September. Because this policy may cause a hardship for some preschool families, the policy allows families to divide the May tuition payment between September and October. Final payment of May's tuition is required by October 10th. If this payment is not received, you will be expected to withdraw your child from PVLCP.

	Paid In Full	Monthly Option 1	Monthly Option 2
Registration & Supply Fee due at registration (non-refundable)	\$195	\$195 (due at registration)	\$195 (due at registration)
September	\$1890	\$420	\$315.00
October	---	\$210	\$315.50
November	---	\$210	\$210
December	---	\$210	\$210
January Tuition + Spring Supply Fee	---	\$210	\$210
February	---	\$210	\$210
March	---	\$210	\$210
April	---	\$210	\$210
May	---	---	---

Tuition and fees may be paid by check, cash or autodraft. Credit card payments cannot be accepted. All checks shall be made payable to: Palm Valley Lutheran Coop. Preschool or **PVLCP**.

If a family has more than one check returned due to non-sufficient funds, this family will be required to pay tuition in cash or with a money order.

A \$20 per month discount may be applied to each additional sibling after the first child.

OTHER FEES

Registration/ Annual Supply Fee (non-refundable)	\$195.00 (due at registration)
Late Fee (tuition)	\$25.00
Returned Check Fee	\$30.00

EARLY WITHDRAWAL POLICY

If you must withdraw your child from PVLCP before the end of the school year, a 30-day advance written notice is required. If the 30-day notice is provided, the pre-paid May tuition will be applied to your final month's tuition.

COOPERATIVE AGREEMENT

-As part of our cooperative program, we require that each parent help in the classroom 3 times per year as well as serve on one committee. If you are unable to help in the classroom during the school year you may pay a \$100 helping parent buy-out due in September. If you choose to pay this fee you will not have to help in the classroom OR on a committee during the school year.

-If a family chooses the cooperative program, but does not help 3 hours during the requested helper week, committee assignment or make an alternate arrangement, they will be assessed a \$25 fee, up to a maximum of 4 instances.