

ST. PAUL'S EPISCOPAL PRESCHOOL
 BAILEY'S CROSSROADS
 3439 PAYNE STREET, FALLS CHURCH, VIRGINIA 22041
 703-820-1134

PRESCHOOL CHILD CARE AGREEMENT

SEPTEMBER, 3, 2017 TO JUNE 22, 2018

AGES 2 ½ - 5

Welcome to St. Paul's Episcopal Preschool Program. The purpose of this agreement is to define the mutual terms for preschool and child care arrangements. Please fill out the application completely. Applications not completely filled will be placed on hold and possibly delay your child's enrollment.

Child's Name _____ DOB _____ F _____ M _____

Parent's Name(s) _____ Home/Cell Phone _____

SELECT THE AGE GROUP FOR YOUR CHILD BELOW:

2½	3	3½	4	4½	5
☐	☐	☐	☐	☐	☐

PLEASE SELECT THE BOX FOR PROGRAM HOURS AND MONTHLY TUITION FEE

TUITION AND LUNCH FEES ARE DUE BY THE 5TH DAY OF EACH MONTH

5-DAYS	HOURS	MONTHLY FEE	↓
Monday - Friday	7:00 – 6:00	\$1175.00	☐
Monday - Friday	8:45 – 2:45	\$740.00	☐
10% Discount for Siblings	8:45 – 6:00	\$1050.00	☐

3-DAYS	HOURS	MONTHLY FEE	↓
Mon, Wed, Fri	7:00 – 6:00	\$800.00	☐
Mon, Wed, Fri	8:45 – 2:45	\$530.00.00	☐
10% Discount for Siblings	8:45 – 6:00	\$700.00	☐

ADDITIONAL FEES AND CHARGES

Registration Fee: \$75.00 must be paid with application. \$25.00 for additional child in the family (*non-refundable*)

Yearly School Fee: \$280.00 per child (for supplies, activities, and snacks) must be paid at beginning of school year.

Monthly Lunch Fee: \$66.00 per month due by the 5th day of the month with tuition. \$30.00 for 3-Day Program.

Late Payment Fee: \$30.00 (tuition received after the 5th of the month)

Returned Check Fee: \$35.00 (NSF funds)

Late Pick up Fee: \$20.00 for 1st 10 minutes late and \$1.00 per minute thereafter.

**Special activities and field trips are announced in advance and will carry an additional charge.*

The parent/guardian agrees to provide tuition payment in full whether the child's absence was the result of illness or vacation. **All tuition and lunch fees is due by the 5th day of the month.** Tuition paid after the 5th day of the month will be charged a late payment fee of \$30.00.

The parent/guardian gives authorization for the child to participate in field trips **Yes** ____ **No** ____ . Special activities and field trips are announced in advance.

St. Paul's Preschool and summer camp program agrees to notify the parent/guardian whenever the child becomes ill. The parent/guardian agrees to pick up the child as soon thereafter as requested by the school.

The parent/guardian agrees to notify the preschool if the child is ill and will not attend school.

The parent/guardian authorizes St. Paul's Preschool and summer camp to obtain immediate medical care should any emergency occur, and the preschool cannot locate the parent/guardian immediately **Yes** ____ **No** ____ .

The parent/guardian agrees to provide a written notice for withdrawal two weeks in advance. In the event of early withdrawal of a student, the balance of this contract is due and payable upon withdrawal.

The preschool reserves the right to dismiss or suspend any student from the preschool whose conduct is deemed detrimental to the good order or reputation of St. Paul's Preschool or at the sole discretion of the Director.

Should it become necessary for St. Paul's Episcopal Preschool and Summer Camp to institute legal proceedings to collect any amounts due under this agreement, then I/we agree to pay 100% of attorney fees, court costs, and any other incidental expenses in connection with such legal proceedings.

Neither the St. Paul's Preschool and Summer Camp staff, school board, its officers, members, the school, its officers, employees and agents nor St. Paul's Church, its rector, deacon, trustees, vestry, officers, employees and agents shall in any case be liable for any loss or damage sustained by the parents or the child, or any guests thereof in or about the premises of the school and church, or while participating in a camp related activity, whether by way of injury to their persons, including death or loss or damage to their property, arising out of any school, camp, church, rector, priest-in charge, deacon, trustees, vestry, officers, employees and agents from any said child, arising out of any such injury, damage or loss. This clause shall be of no force and effect with respect of any claim covered by insurance and shall not be construed to relieve any insurance carrier from any duty to pay, adjust or defend any claim whatsoever.

I hereby verify that I have read all of the foregoing and understand the contents.

Signature, Mother/Legal Guardian

Date

Signature, Father/Legal Guardian

Date

St. Paul's Episcopal School, Director

Date

***Please provide Birth Certificate or Passport for verification**

OFFICE USE ONLY							
Proof of Verification:		Currently Enrolled on File			New Student		
Place of Birth		Date of Birth		Birth Certificate #		Date Issued	
Date of Enrollment				Date Enrollment End			
Registration Fee Paid	\$	Cash	CK#	Yearly School Fee	\$	Cash	CK#
Date:				Date:			
Monthly Tuition Fee	\$	Monthly Lunch Fee	\$60	\$30	Verified by:		

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PRESCHOOL REGISTRATION AND APPLICATION

SEPTEMBER 3, 2017 – JUNE 22, 2018

AGES: 2½ TO 5 YEARS

I (we) agree to enroll my child in St. Paul's Episcopal Preschool Program for the 2015/2016 school year.

Child's Name _____ Male ____ Female ____ Race _____

Age _____ Date of Birth _____ Place of Birth _____

Home Address _____ City/State/Zip _____

Primary Phone Number _____ Other _____

The program hour I selected is from _____ am to _____ pm. 5-Days Mon-Fri _____ or 3-Days Mon, Wed, Fri _____

(The selected program hours and fee cannot be changed or altered unless a written consent has been authorized by the director)

I understand that the non-refundable registration fee of **\$75.00** must be submitted with the completed application form. The Yearly School Fee (YSF) of **\$280.00** must be paid in-full by the end of September 2015.

My monthly tuition fee is \$ _____ checks made payable to St. Paul's Preschool.

PARENT(S) / LEGAL GUARDIAN INFORMATION

Mother	Father
Address	Address
Home/Cell Phone	Home/Cell Phone
Email	Email
Employer	Employer
Work Phone	Work Phone

EMERGENCY CARE INFORMATION

List allergies or intolerance to food, medication, etc. and action plan to take in an emergency:

Child's Pediatrician / Health Care		Phone
Child's Dentist		Phone
Insurance Provider	Policy #	Group #
Hair Color	Eye Color	Language
		Right Hand or Left Hand

EMERGENCY CONTACT INFORMATION AND AUTHORIZED ADULT PICKUP

MUST LIST TWO ADULTS OVER 18 YEARS-OLD

Name	Name
Home/Cell	Home/Cell
Relationship to Child	Relationship to Child

Parent/Guardian Signature _____

Date _____

INFORMATION ABOUT YOUR CHILD

Name: _____ Nickname _____ Age _____

Language spoken at home? _____

How does he or she communicate? _____

Does your child handle parent/child separation well? _____

Favorite Foods _____

Food Restrictions _____

Favorite Toy _____ Favorite Game _____

List major illness, accidents, operations _____

(Description/Date)

List Handicaps _____

General disposition of your child: Happy____; Friendly____; Social____; Hard to handle____; Quiet____

Get along well with others____; Shy____; Outgoing____; Other_____

Does your child prefer to be alone? _____ Does your child have group experience? _____

Is your child toilet trained? Yes____ No____. Does your child ask or need to be taken to the bathroom? _____

Does your child dress/undress independently? _____ Does your child take a nap? _____

List your child's fears: _____

How do you comfort his/her fears? _____

How do you encourage positive behavior? _____

How does your child react to correction by an adult? _____

What make your child happy? _____

What make your child upset/angry? _____

What is the best way to handle his/her anger? _____

Your child shows a preference for using his/her right hand? _____ left hand? _____

Additional information which may be helpful in understanding your child, his/her needs, and in making the transition to this child care program easier: _____

Parent Initials: _____

Current Date _____