**St. Paul’s Episcopal Preschool**

Bailey’s Crossroads

3439 Payne Street, Falls Church, Virginia 22041

703-820-1134

  **PRESCHOOL CHILD CARE AGREEMENT**

 **September, 4, 2018 TO JUNE 21, 2019**

 **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** | **↓** | **3-Days** | **Hours** | **Monthly Fee** | **↓** |
|  |  |  |  |  |  |  |  |
| **Monday - Friday** |  **7:00 – 6:00**  |  **$1185.00**  |  | **Mon, Wed, Fri** |  **7:00 – 6:00** |  **$810.00** |  |
| **Monday - Friday** |  **8:45 – 2:45** |  **$750.00** |  | **Mon, Wed, Fri** |  **8:45 – 2:45** |  **$540.00.00** |  |
| **Monday - Friday** |  **8:45 - 6:00** |  **$1060.00** |  | **Mon, Wed, Fri** |  **8:45 – 6:00** |  **$710** |  |

**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:** **$70.00** 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.**

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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 not 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 PaidDate: | $ | Cash | CK# | Yearly School FeeDate: | $ | Cash | CK# |
| Monthly Tuition Fee | $ | Monthly Lunch Fee | $60 | $30 | Verified by: |

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**St. Paul’s Episcopal Preschool**

Bailey’s Crossroads

3439 Payne Street, Falls Church, Virginia 22041

703-820-1134

**Preschool Registration and Application**

**September 4, 2018 – June 21, 2019**

**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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

St. Paul’s Episcopal Preschool – Bailey’s Crossroads

**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** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_