

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

PRESCHOOL CHILD CARE AGREEMENT

AUGUST 31, 2020 TO JUNE 18, 2021

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
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	\$1200.00	<input type="checkbox"/>	Mon, Wed, Fri	7:00 – 6:00	\$825.00
Monday - Friday	8:45 – 2:45	\$765.00	<input type="checkbox"/>	Mon, Wed, Fri	8:45 – 2:45	\$555.00.
Monday - Friday	8:45 - 6:00	\$1075.00	<input type="checkbox"/>	Mon, Wed, Fri	8:45 – 6:00	\$725.00

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 \$80.00 per month due by the 5th day of the month with tuition. \$30.00 for 3-Day Program.

Late Payment Fee: \$35.00 (tuition received after the 5th of the month)

Returned Check Fee: \$35.00 (NSF funds)

Late Pick up Fee: \$25.00 for 1st 10 minutes late, additional \$1.00 per minute until the child is picked up.

**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 **\$35.00.**

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 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 Paid Date:	\$	Cash		CK#	Yearly Fee Date:	School	\$	Cash	CK#
Monthly Tuition Fee	\$	Monthly Lunch Fee		\$80.00	\$35.00	Verified by:			

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PRESCHOOL REGISTRATION AND APPLICATION

AUGUST 31, 2020 – JUNE 18, 2021

AGES: 2½ TO 5 YEARS

I (we) agree to enroll my child in St. Paul's Episcopal Preschool Program for the 2020/2021 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 September 30, 2020.

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 OTHER THAN PARENTS&GUARDIANS			

MUST LIST TWO ADULTS OVER 18 YEARS-OLD

Name	Name
Address:	Address:
Zip Code:	Zip Code:
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 _____