# All-Star Preschool

# **Registration Application**

Please complete and return this form, along with your registration fee, to reserve a place for your child at The All Star Preschool.

Tu/Th

#### Child Information

| Child's name                           |            |
|--|------------|
| Nickname                               |            |
| Boy Girl Birth dat                     | e          |
| Home                                   |            |
| Address                                |            |
| Mailing                                |            |
| Address                                |            |
| Email Address                          |            |
| Home Phone                             |            |
|  |            |
| Parent Information                     |            |
| Father/ Guardian                       | Home Phone |
| Home Address (if different from        |            |
| child)                                 |            |
| Employer                               | Work Phone |
| Work Address                           | Cell/Pager |
| Mother/ Guardian                       | Home Phone |
| Home Address (if different from child) |            |
| Employer                               |            |
| Work Phone                             |            |
| Work Address                           | Cell/Pager |

# Emergency Contacts

| Name  | Relationship to child |  |
|-------|-----------------------|--|
| Phone |                       |  |
| Name  | Relationship to child |  |
| Phone |                       |  |

### Medical Information

| Child's Doctor                               | Phone    |
|--|----------|
| Address                                      | Hospital |
| Allergies                                    |          |
| Regular Medications                          |          |
| Any medical conditions we should be aware of |          |

### Authorization for pick-up

Please list those who are authorized to pick-up your child, other than you and your emergency contacts.

| Name                  | Phone |
|-----------------------|-------|
| Relationship to child | _     |
| Name                  | Phone |
| Relationship to child | _     |
| Name                  | Phone |
| Relationship to child |       |

Family

| List other children in the home |     |                 |
|---------------------------------|-----|-----------------|
| Name                            | Age | Relationship to |
| preschooler                     |     |                 |
| Name                            | Age | Relationship to |
| preschooler                     |     |                 |
| Name                            | Age | Relationship to |
| preschooler                     |     |                 |
| Name                            | Age | Relationship to |
| preschooler                     |     |                 |
| Name                            | Age | Relationship to |
| preschooler                     |     |                 |

Please give any other information, concerning your child, that will be helpful in making this experience a very positive one (likes, dislikes, play habits).

#### **Tuition Agreement**

Our tuition is based on an agreement of \$1620.00.00 per year, which is broken down into nine school calendar monthly payments of \$180.00 Payments are due the 5<sup>th</sup> of each month. A \$10.00 late charge will be added if the payment is not received by the 10<sup>th</sup> of the month. If the bank returns your check there will be a \$25.00 NSF charge. Full payments are due whether or not there are holidays, illness, or extended absences. Our Preschool is self-sufficient and insurance payments, salaries, and supplies must be paid. There is a **nonrefundable** annual registration fee of \$175.00 to be paid at the time you enroll your child. We have a first come, first serve policy. We will enroll your child as soon as we get the registration fee. If we do not receive your payment by the end of a given month, the Administrator- Judy Buss, will contact you to consider alternatives.

#### Please send in your first monthly payment to All Star by August 5th, 2024.

You may bring your payments in or mail to:

All Star Preschool 975 Fern Ridge Rd. SE Stayton, Oregon 97383

## Make checks payable to : All Star Preschool

#### By signing below, I understand the following,

1. In an emergency, All Star Preschool has permission to call an ambulance or take my child to an available physician or hospital at my expense. I understand that every effort will be made to contact me or the emergency contact persons named above as soon as possible.

2. I have received a copy of the parent handbook.

3. I agree to pay my financial obligation. I understand that I am paying a month in advance starting with my payment in August.

Signature

Date

"Notice of Nondiscriminatory Policy As To Students

All Star 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 preschool. It does not discriminate on the basis of race, color, national

and ethnic origin in administration of its educational policies, admissions policies, tuition

assistance, and other school-administrered programs."