

Little Fishes Preschool

2477 SW Cherry Park Road, Troutdale, OR 97060 503-661-3370

LittleFishesPreschool@yahoo.com

<http://riveroflifelutheranchurch.com/littlefishespreschool.html>

Student Application * 2017-2018 School Year

Please print all information

Date of application: _____

My child is: 3 years old 4 years old

Please check your choice for the school year:

2-day class 9:00 AM – 12:00 PM Tuesday and Thursday

3-day class 9:00 AM – 12:00 PM Tuesday, Wednesday and Thursday

CHILD INFORMATION

Name of Child: _____ Nickname (if any): _____

Birth Date: _____ BOY GIRL

Child lives with: Mother Father Both Other: _____

PARENT/GUARDIAN INFORMATION

Mother's (Guardian) Name: _____

Occupation: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's email address: _____

Father's (Guardian) Name: _____

Occupation: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Father's email address: _____

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EMERGENCY Contact Name & Phone: _____

Other Persons AUTHORIZED to pick up your child: _____

Persons who may NOT pick up child: _____

Has your child had previous school experience? YES NO

If so, where? _____

Name of church you attend (If any): _____

Is your child Baptized? YES NO or Dedicated to God? YES NO

Does your child have any allergies? YES NO If yes, please list:

Food: _____ Other: _____

Child's siblings (if any) - Name(s) and Age(s): _____

Where will your child attend Kindergarten? _____

Is there a favorite game your child enjoys? _____

Is there a favorite toy your child enjoys playing with? _____

Is there a favorite food/snack your child enjoys? _____

Is there a food/snack your child does not like? _____

Does your child have any fears that we should be aware of? _____

Is there anything else that you would like us to know about your child? _____

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Please write a sentence or two telling how you became acquainted with Little Fishes Preschool:

Photography Statement:

In the process of advertising our school and/or its activities by means of published photos, either on paper, social media, the congregation's web site, or other media sources, we may use a picture of your child.

No names will be used.

Please initial here (____) if you do ***not*** want us to use your child's picture for these purposes.

Tuition Schedule 2017-2018

Please note that tuition is due upon the first school day of each month. Tuition received after the dates listed below will be considered late, unless prior arrangements have been made with Little Fishes Preschool. Please make checks or money orders payable to Little Fishes Preschool. A \$10.00 charge may be assessed for returned checks.

We are sorry, but cash cannot be accepted.

September: Upon Registration

October 3rd

November 1st

December 5th

January 2nd

February 1st

March 1st

April 3rd

May 1st

Person Responsible for Tuition Payment:

Mother

Father

Other

Late Payment Policy:

We understand that sometimes unexpected circumstances arise that may cause a delay in your monthly payments. If this is the case, please contact the preschool director immediately to work out alternative arrangement. If you have not contacted us and worked out an arrangement, then your child may potentially be dropped from our program.

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Withdraw Policy:

In the event that you need to withdraw your child from the program, please let us know as soon as possible. The monthly tuition is refundable in full only if you notify our office during the 1st – 5th of the current month. The monthly tuition is not refundable for withdrawals/ cancellations occurring later than 5 days after the month begins. This allows us time to place another child into the class.

Extended Absences:

If you plan to have your child out of the program for a week or more, please let the teacher know in advance. You will need to pay any fees due before you leave. Monthly tuition deadlines dates apply regardless of child's attendance. If your child misses two weeks of class without a phone call or email from you, and the monthly fee for that month has not been paid, we will fill your child's space with a child from our waiting list.

By signing below, I/we acknowledge that I/we have received a copy of the River of Life Little Fishes Preschool Parent Handbook.

I/we also acknowledge that I/we have read & understand the policies and information in this application and in the Parent Handbook, and that I/we agree to follow the polices and guidelines contained in this application and in the Parent's Handbook.

I/we further agree to pay all fees and tuition when due.

Signature of Parent(s) or Guardian(s):

X _____ X _____