

Registration Form

Child's Name _____ Age _____ DOB _____ Summer Session _____

Mother _____ Father _____ Guardian _____

Address _____ Phone home _____ work _____

Alt. Address _____ Alt. Phone home _____ Alt. work _____

Cell Phone _____ E-Mail _____

Please answer the following questions.

- I would like information regarding tuition assistance _____ yes _____ no
- I would like more information about serving on the board (10% discount on tuition) _____ yes _____ no
- I am available as an emergency/short notice classroom substitute _____ yes _____ no
- Include my telephone and address to other preschool parents _____ yes _____ no

CONSENT FOR TRANSPORTATION & FIELD TRIPS

I understand that the Chilkat Valley Preschool does not have a facility vehicle and must rely on teachers and parent volunteers to transfer children to field trip locations and monthly visits to community facilities like the library. Field trip may include moderate risk activities such as swimming and beach walks. I give permission to Chilkat Valley Preschool to provide necessary transportation and care for my child during all school activities away from the classroom.

Signature of Parent or Guardian: _____ Date: _____

FUNDRAISING AGREEMENT

I understand that my family will be responsible for meeting a fundraising goal of 10 Volunteer hours per summer. In its absence I agree to pay \$100 per school year. I understand this commitment as a preschool parent, and I agree to participate in these fundraisers or pay the one-time fee.

Signature of Parent or Guardian: _____ Date: _____

PHOTO RELEASE AGREEMENT

I hereby grant to Chilkat Valley Preschool to use any pictures CVP has taken of me or my child for illustration, promotion, art, editorial, advertising and trade. I hereby release, discharge and agree to hold harmless CVP, its legal representatives or assigns and all persons acting under its permission or authority, from any liability in connection with the use of the photographs. I hereby grant permission to CVP to photograph my child participant during activities to use the photographs in CVP's audio-visual and printed materials without compensation or approval rights.

Signature of Parent or Guardian: _____ Date: _____

CALENDAR & PAYMENT PLANS

*Summer session 1 is June 7-June 30. Session 2 is July 3-28.

I understand that my tuition payments can be made on an annual or monthly basis. Please circle your preference for a payment plan.

<u>Preschool 8:15-12:15</u>			<u>Preschool + Extended Care</u>			
<u>(8:15am-12:15pm)</u>	<u>Monthly</u>	<u>Annual</u>	<u>(8:15am-3-15pm)</u>		<u>Monthly</u>	<u>Annual</u>
2 days/week (T,Th)	\$210	\$2,100	2 days/week (T,Th)	\$365	\$3,650	
3 days/week (M,W,F)	\$315	\$3,150	3 days/week (M,W,F)	\$550	\$5,500	
5 days/week (M-F)	\$525	\$5,250	5 days/week (M-F)	\$800	\$8,000	

ACKNOWLEDGEMENT OF PARENT HANDBOOK

I have read and understand the Parent Handbook. I agree to the said requirements of parent participation and tuition requirements. A non-refundable registration fee of \$50 is due with this form.

Signature of Parent or Guardian: _____ Date: _____