



Good Samaritan Preschool
An Outreach Ministry of:
Good Samaritan United Methodist Church
19624 Homestead Road
Office: (408)996-8290 FAX:(408)996-2621
E-Mail: gspreschool@gmail.com
Website: goodsampreschool.org

OFFICE USE ONLY
Fee pd: _____
Schedule: _____
Start date: _____
Classroom: _____
Check # _____

PERSONAL INFORMATION AND ADMISSIONS AGREEMENT (please complete both sides)

Child's Name: _____ Date Of Birth: _____ (Circle) Male Female

Address: _____ Home Phone: _____

City: _____ Zip Code: _____

Mother's Name: _____ Mobile ph: _____

Father's Name: _____ Mobile ph: _____

Mother's Email: _____ Father's Email: _____

I wish to enroll my child in the: Infant Program Preschool Summer School Program (Grades 1-6)

Please check one box from each row below:

- | | | |
|--|--|---|
| <input type="checkbox"/> As Soon As Possible _____ | <input type="checkbox"/> Fall of: _____ | <input type="checkbox"/> Summer of: _____ |
| <input type="checkbox"/> 5 Days (Mon.-Fri.) | <input type="checkbox"/> 3 Days (Mon/Wed/Fri.) | <input type="checkbox"/> 2 Days (Tues/Thurs) |
| <input type="checkbox"/> ½ Day (8:00-12:00) | <input type="checkbox"/> ¾ Day (9:00-3:00) | <input type="checkbox"/> Full Day (7:00-6:00) |

Infant Program Only, circle your days: Monday Tuesday Wednesday Thursday Friday

I, _____, agree to pay \$ _____ on the first operating day of each month to Good Sam Preschool for child care services provided to my child, _____.

In order to reserve my child's spot in the program, starting _____, I agree to pay a nonrefundable registration fee of \$125 and a tuition deposit of \$ _____ to be applied toward the first month's tuition.

1. The registration fee of \$125 per child is non-refundable. The tuition deposit will be applied toward your first month's tuition. If you release your spot more than 30 days before your scheduled start date, your tuition deposit will be refunded.
2. Tuition payments are due the first operating day of the month. A \$15 late fee will be charged for payments not received by the 7th of the month.
3. Tuition is based on a yearly rate divided equally into monthly payments. There is no reimbursement of tuition for illnesses, holidays, vacations, school closures, or extended trips.
4. There will be a \$25 charge for all returned checks.
5. One month's notice is required to withdraw from Good Samaritan Preschool for any reason.
6. Parents will be notified at least 30 days in advance of a tuition change.

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Half of tuition deposit will be forfeited if I cancel this contract, if you cancel less than 30 days before the start date listed above you forfeit your whole deposit. I understand that monthly tuition remains the same for every month. No tuition refunds will be given for illnesses, holidays, vacations, school closures or extended trips during the school calendar year.

(Initial)

I understand that Good Sam Preschool may terminate this agreement at any time if the program does not meet the needs of my child. I understand that I may withdraw my child for any reason, and that I am required to give one month's notice in writing. I understand that I am responsible for paying tuition during the one month's notice.

(Initial)

I understand that enrollment is on a first come first served basis. I understand that leaving a non-refundable \$125.00 registration fee and submitting this application does not guarantee my child's enrollment in the school. I further understand that this registration fee is only good for a period of one-year.

(Initial)

RIGHTS OF LICENCING AGENCY

The State of California Licensing Regulations, Section 101200, states the following:

- The Department or Licensing Agency has the authority to interview children or staff, and to inspect and audit child or facility records without prior consent.
- The Licensee shall make provisions for private interviews with any children or staff members, and for the examination of all records relating to the operation of the facility,
- The department shall have the authority to observe the physical condition of the child(ren) including conditions which could indicate abuse, neglect or inappropriate placement.

Signature of Parent: _____

Date: _____