



# Rising Stars Preschool

*Our Goal is to prepare children to transition from preschool to kindergarten by focusing on the development of social and emotional readiness skills!*



## Registration

Child's Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Please Check Class Requested:**

- Tuesday/Thursday (3-year-old class) - \$135.00 per month
- Monday/Wednesday/Friday (4-year-old class) - \$185.00 per month

Child's Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

\*Any Custody Issues: \_\_\_\_\_ If so, please attach a copy of the custody order.

|  |
|--|
| Primary Adult (parent or legal guardian) |
| Occupation                               |
| Place of Employment                      |
| Home Phone                               |
| Work Phone                               |
| Cell Phone                               |

|  |
|--|
| Secondary Adult (parent or legal guardian) |
| Occupation                                 |
| Place of Employment                        |
| Home Phone                                 |
| Work Phone                                 |
| Cell Phone                                 |

Siblings Names and ages: \_\_\_\_\_

Tell us how you heard about our program: \_\_\_\_\_



## Tuition and Registration Fee

**Registration Fee:** A non-refundable \$50.00 registration fee will be collected annually upon registering your child for preschool. This registration fee will guarantee a spot for in the class for your child. This fee will aid in the cost of classroom supplies throughout the school year. While there will be no need to bring in school supplies (just a backpack with a change of clothes and snow gear during winter), *Rising Stars Preschool* may request donations of certain items, including non-perishable snack items, a few times a year.

**Tuition:** Tuition Payment is due the 5<sup>th</sup> of the month. *Returned checks for in-sufficient funds will be subject to a \$35.00 fee along with any applicable bank fees.* If payment is not received in full by the 15<sup>th</sup> of the month, an additional \$50.00 late fee is billed to your account. If payment is not received by the 20<sup>th</sup> of the month, we will no longer be able to extend services to your child unless full payment is collected.

Tuition can either be delivered to the payment box in the classroom, or mailed to:  
Rising Stars Preschool P.O. Box 866 La Pine, OR. 97739.

Tuition is as follows:

|   |                    |
|---|--------------------|
| Tuesday/Thursday (3-year-old class):        | \$135.00 per month |
| Monday/Wednesday/Friday (4-year-old class): | \$185.00 per month |

Regular Tuition payments will begin in September and end in June. As June is a short month for school, June tuition is prorated for each class and will be as follows:

Tues/Thurs class - \$67.50; M/W/F class - \$92.50

*Rising Stars Preschool* works diligently to be able to offer families scholarship opportunities so that every child is able to attend. If your family would benefit from a scholarship to aid in the cost of tuition, please see the Director for an application.

*We have a program in place for parents to receive a discount on tuition by volunteering. In order to qualify for a discount, you will need to volunteer your time for a specified amount of hours per month. Successful completion of a Criminal History Background Check is also required before permitted to volunteer in the classroom.*

I understand and agree to abide by the guidelines as listed above.

\_\_\_\_\_  
Parent/ Guardian Signature

\_\_\_\_\_  
Date



In the event that an injury or illness is so severe that immediate medical treatment is necessary, *Rising Stars Preschool* will exercise good judgment by calling 911 for emergency medical service. The parent/guardian will be contacted as soon as possible. We will contact a parent/guardian first and if we are unsuccessful in our attempt, we will refer to your child's emergency contact information.

**Physician Contact Information**

\_\_\_\_\_  
Physician's Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Medical Organization / Location

*Please help us make sure we have a workable plan for your child if current health status warrants special considerations. For the welfare of your student, this information must be updated each school year or if there is a change during the school year.*

**Please check any current conditions your child may have:**

Asthma    Diabetes    Heart Disease    Seizure Disorder    Bee Sting Allergy

Other Allergies (Identify) \_\_\_\_\_

\*Other special conditions the school needs to be aware of such as hearing, vision, speech, physical limitations, etc. For each condition please describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Rising Stars Preschool* is registered with the State of Oregon and is able to provide limited support for children with special needs in our classroom. We work closely with High Desert Education Service District to provide appropriate care for children who qualify to receive services through the service district.



**Permission to Video Tape, Photograph or Audiotape For Public Relation Purposes**

Child's Name: \_\_\_\_\_

Child's Class: \_\_\_\_\_

**\*Please check**

Yes, I give my permission for my child to be photographed, audio taped, or videotaped while at *Rising Stars Preschool* for the purposes of publicity, fundraising, and/or other public relation purposes. This includes posting pictures on social media pages as well.

No, my child may ***NOT*** be videotaped, photographed or audio taped for public relations purposes. My child may only participate in photographs, video or audio taping for classroom use only.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



## Permission to Release Student

Below are the authorized persons, 18 years of age or older, who have permission to pick up my child. Photo ID will be required for release of your student.

**\* We will not release your child to anyone not listed below, without written consent from parent or guardian.**

*If you need to update this release form, please contact the Director.*

| Name of Authorized | Contact Phone #'s | Name of Authorized | Contact phone #'s |
|--------------------|-------------------|--------------------|-------------------|
|                    | Home:             |                    | Home:             |
|                    | Cell:             |                    | Cell:             |
|                    | Home:             |                    | Home:             |
|                    | Cell:             |                    | Cell:             |
|                    | Home:             |                    | Home:             |
|                    | Cell:             |                    | Cell:             |
|                    | Home:             |                    | Home:             |
|                    | Cell:             |                    | Cell:             |

### Child Care Provider Information and pick up release:

| Name | Phone | Physical Address |
|------|-------|------------------|
|      |       |                  |

### Emergency Contact Information

*In case of emergency, we will contact in the order listed below.*

| Name | Relationship to child | Home phone | Cell Phone | Other Phone |
|------|-----------------------|------------|------------|-------------|
|      |                       |            |            |             |
|      |                       |            |            |             |
|      |                       |            |            |             |