



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: _____ Child's Age as of 9/1/2021: _____

Date of Birth: _____ Male or Female (*circle one*)

Please Check Class Requested:

Tuesday & Thursday: 3-year old class / \$135.00 per month

*Child must be 3 years old on or before September 1st, 2021 to enroll in the 3-year old class and fully potty trained.

Monday, Wednesday, Friday: 4-year old class / \$185.00 per month

*Child must be 4 years old on or before September 1st, 2021 to enroll in the 4-year old class and fully potty trained.

*** (In the event there is an opening on January 1st, 2022; child must be 3 or 4 years old by December 31st, 2021 and fully potty trained prior to enrolling. Please note, when participating in early enrollment your child will repeat the same class enrolled for the 2022-2023 school year.) ***

Child's Physical Address: _____

Mailing Address: _____

Email Address: _____

Home Phone: _____

*Please note any custody issues/comments: _____

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 fee will aid in the cost of classroom supplies throughout the school year, there will be no need to bring in any school supplies other than a backpack.



Tuition: Tuition Payment is due the 5th of the month. *No exceptions, i.e. no post-dated checks. 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 15th of the month an additional \$50.00 late fee is billed to your account. If payment is not received by the 20th 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 is \$135.00 per month

Monday, Wednesday, Friday 4-year old class is \$185.00 per month

Regular Tuition payments will begin in September and end in May. 1/2 regular tuition will be due for June. Prepayment of June's tuition is due by August 1, 2021 or upon day of enrollment if enrolling later than August 1, 2021.



Rising Stars Preschool works diligently to be able to offer families scholarship opportunities so that every child can 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 number of hours per month. In addition, you must attend an annual mandatory "Volunteer Training" which will be offered twice per year. Successful completion of a Criminal History Background Check is also required before permitted to volunteer in the classroom.*

**Please see the Director for current guidelines regarding volunteering in the classroom.*

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

Parent/ Guardian Signature

Date



In the event 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. Rising Stars Preschool is not responsible for any medical bills related to injury or illness nor emergency transportation cost.

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 below or on the back of this form if needed.

Rising Stars Preschool is recorded 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 one****

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 authorized persons 18 years of age or older who have permission to pick up my child.

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

If you need to update this release form, you will need to do so in person or in writing. Thank you for understanding.

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 (if applicable):

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
1.				
2.				
3.				
4.				

