



**Registration Form 2026-2027**

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

Gender: M F      Birth Date: \_\_\_\_\_ (Birth date deadline is September 1<sup>st</sup>)

---

**I request my child be placed in the following class:** (Please number in order of preference)

**3-year-old classes** (3 by Sept. 1<sup>st</sup> with exceptions – see Director): \$175.00/month

\_\_\_\_\_ Mon/Wed AM (9:00 – 11:30am)      \_\_\_\_\_ Tues/Thurs AM (9:00 – 11:30am)

\_\_\_\_\_ Mon/Wed PM (12:30 – 3:00pm)      \_\_\_\_\_ Tues/Thurs PM (12:30 - 3:00pm)

**4-year-old classes** (4 by Sept. 1<sup>st</sup>): 4 days - \$290/mo. | 3 days - \$235/mo. | 2 days - \$175/mo.

\_\_\_\_\_ M/W/F AM (9:00 – 11:30am)      \_\_\_\_\_ T/TH AM (9:00 – 11:30am)

\_\_\_\_\_ M/W/F PM (12:30 – 3:00pm)      \_\_\_\_\_ T/TH PM (12:30 – 3:00pm)

\_\_\_\_\_ M/Tu/W/Th (9:00 – 11:30am-)

**Pre-K class** (5 by Sept. 1<sup>st</sup> with exceptions - see Director): \$290.00/month

\_\_\_\_\_ M/T/W/Th (12:30-3:00pm)

Parent/Guardian 1: \_\_\_\_\_  Primary Parent Contact  
(check one)

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Parent/Guardian 2: \_\_\_\_\_  Primary Parent Contact  
(check one)

Same as above or Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

**\*\*\* PLEASE COMPLETE BOTH SIDES\*\*\***

Please initial on each line:

\_\_\_\_\_ I understand my child must be potty-trained by the first day of class.

\_\_\_\_\_ I have included a birth certificate and immunization record. I understand that if my child's immunization record is not up-to-date, it is my responsibility to fulfill required vaccines or provide an exemption letter.

\_\_\_\_\_ I have included a \$90 non-refundable registration fee (cash or check only) to hold my child's place in a class. This registration fee will also cover snacks for my child for the preschool year.

\_\_\_\_\_ I understand that the first month's tuition is due September 1<sup>st</sup> (first week of school) and is due on the first of each month thereafter, with the last payment due on May 1<sup>st</sup>.

Please feel free to direct questions to (208) 362-5919 or email [preschool@sov-id.org](mailto:preschool@sov-id.org)

Mailing address: 3100 S. Five Mile Road Boise, ID 83709 Fax: (208) 362-1144

**We look forward to seeing your family at Shepherd of the Valley Preschool!**

**For Office Use Only:**

Date and time of Application_____	SOV Member	Alumni	New
Birth Certificate: Yes No	Registration Fee: Cash	Check #:	_____
Immunization record provided: Yes No	Teacher:	_____	
Immunization record verified: Yes No	Days: _____	AM	PM