



Registration Form 2024-2025

Child's Name/Nickname: _____

Gender: M F Birth Date: _____ (Birth date deadline is September 1st)

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

3-year-old classes (3 by Sept. 1st with exceptions – see Director): \$165.00/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. 1st): 4 days - \$270/mo. | 3 days - \$220/mo. | 2 days - \$165/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. 1st with exceptions - see Director): \$270.00/month

_____ M/Tu/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 1st (first week of school) and is due on the first of each month thereafter, with the last payment due on May 1st.

Please feel free to direct questions to (208) 362-5919 or email 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