



SUMMARY OF PARENT RESPONSIBILITIES

1. Submit your child's immunization record, birth certificate and enrollment forms before the first day of school.
2. Pay tuition on the 1st of each month. Either pay online or by check (drop in the tuition box by the preschool entrance). A late fee of \$20.00 will be added to all accounts not paid by the 10th of each month. Please do not place cash in the tuition box. All cash needs to be brought to the preschool office for a receipt.
3. Inform the school of any changes to the list of people authorized to pick-up your child. Please notify the school *in writing* if someone other than an authorized person is picking up your child and have them bring picture ID.
4. Keep all contact and emergency information current, be sure to contact the office with any updates ASAP.
5. Follow the arrival & dismissal procedures.
6. Call or email the preschool office (208) 362-5919/ preschool@sov-id.org when your child will be absent for the day.
7. Call the preschool office (208) 362-5919 if you will be late picking up your child.
8. Dress your child for the current weather conditions, label your child's clothing and bring a change of clothing each day in your child's school bag.
9. Give a paid, two-week notice of withdrawal.
10. Inform the school immediately if your child has been exposed to any communicable illness, including head lice.

PARENT HANDBOOK AGREEMENT

Please initial:

_____ I have read the Shepherd of the Valley Lutheran Preschool Parent Handbook. I understand my responsibilities as a parent of a student at SOV Preschool and agree to abide by all policies and procedures contained in this guide. I understand information contained in this handbook may be subject to change.

TUITION AGREEMENT

Please initial by the payment schedule of your choosing:

Monthly Payment Schedule:

_____ 2 days/week - \$120 _____ 3 days/week - \$165 _____ 4 days/week or Pre-K - \$200

Single Annual Payment:

(A 2% discount will apply to the above rates if full payment is received by September 25, the cost below includes the discount).

_____ 2 days/week: $\$120 \times 9 = \$1080 - 2\%$ (or \$21.60) = **\$1,058.40 due by 9/25**

_____ 3 days/week: $\$165 \times 9 = \$1485 - 2\%$ (or \$29.70) = **\$1455.30 due by 9/25**

_____ 4 days/week or Pre-K: $\$200 \times 9 = \$1800 - 2\%$ (or \$36) = **\$1764.00 due by 9/25**

I agree to pay the equal monthly installments listed above from September through May on the 1st of each month or make one single annual payment (depending on which is initialed above). I agree to add a \$20.00 late fee to my payment for each month that payment is not received by the 10th of the month. Repeated failure to pay the above tuition fees per this agreement may result in loss of your child's spot. SOV Preschool reserves the right to consider your child's spot available for a new student if payment is not received by the end of the month.

Child's Name: _____

Parent's Name: _____

Parent Signatures

Date

Please sign, date and return to the preschool office by the first day of school.