 **MVPpreschool.org**

License #561700254

3797 W. Lynn Rd

Newbury Park, CA 91320

Phone: (805) 499-6610

**ENROLLMENT APPLICATION**

**FOR 2024-2025 SCHOOL YEAR**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ ( \_\_\_\_\_\_\_ )

Child’s First & Last Name Child’s Nickname M/F

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

Family Address City Zip Age

How did you learn about Monte Vista Presbyterian Preschool? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Church Attendance: Regularly \_\_\_\_ Occasionally \_\_\_\_ Never \_\_\_\_ Church Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent’s Marital Status: Married \_\_\_\_ Divorced \_\_\_\_ Separated \_\_\_\_ Spouse Deceased \_\_\_\_Single \_\_\_\_\_

With whom does student live? Parents \_\_\_\_ Mother \_\_\_\_ Father \_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­

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Print Father’s Name Father’s Cell Phone Father’s Business Phone

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Father’s Email Address Father’s Employment

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Print Mother’s Name Mother’s Cell Phone Mother’s Business Phone

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Mother’s Email Address Mother’s Employment

Please use this space to comment on any specific needs. Please attach a separate sheet of paper if this is not enough space. Requests will be considered, but may not be honored due to availability and classroom dynamics.

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**FOR OFFICE USE ONLY**

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Registration Fee Paid \_\_\_\_\_\_ Circle: Check Cash PayPal Zelle Date \_\_\_\_\_\_\_\_\_\_\_\_\_

Director’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s Start Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Enrollment Options**

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\_\_\_\_\_2 days per week 8:30 – 12:00 **$395** x 10 Payments = $3950

\_\_\_\_\_2 days per week 8:00 – 3:00 **$495** x 10 Payments = $4950

\_\_\_\_\_3 days per week 8:30 – 12:00 **$515** x 10 Payments = $5150

\_\_\_\_\_3 days per week 8:00 – 3:00 **$645** x 10 Payments = $6450

\_\_\_\_\_4 days per week 8:30 – 12:00 **$615**x 10 Payments = $6150

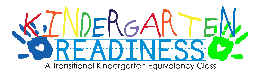
\_\_\_\_\_4 days per week 8:00 – 3:00 **$760** x 10 Payments = $7600

\_\_\_\_\_5 days per week 8:30 – 12:00 **$710** x 10 Payments = $7100

\_\_\_\_\_ \* 8:30 – 12:00 **$710** x 10 Payments = $7100

\*First priority goes to children who are 4 years, 5 months by September 1st

\_­\_\_\_\_5 days per week 8:00 – 3:00 **$880** x 10 Payments = $8800



**Please initial your understanding and agreement to the following Monte Vista Presbyterian Preschool procedures:**

* **REGISTRATION FEE: An annual NON-REFUNDABLE registration fee of $150.00 is** **DUE UPON REGISTRATION**. X \_\_\_\_\_\_

**Initials**

* This preschool is licensed by the state of California (License #561700254) and has the right to audit all children’s files at

any time. X \_\_\_\_\_\_

**Initials**

* If my child is NOT FULLY POTTY-TRAINED, I agree to pay the $75 per month surcharge for preschool staff to change diapers and work with me to potty-train my child. X \_\_\_\_\_

**Initial**

* I give Monte Vista Presbyterian Preschool permission to include my name, phone number, and email addresses in a school-wide directory. X \_\_\_\_\_

**Initial**

* Each student is accepted on his/her own individual merit and readiness for our program regardless of race, color, or ethnic origin. X \_\_\_\_\_\_

**Initials**

* Tuition is based on the number of instructional days in the school year; opening, closing dates, holidays, and vacations have been taken into consideration. The yearly tuition has been divided into **10 equal payments**, beginning with the first month’s tuition due August 15th, and the last month’s tuition due May 15th. X \_\_\_\_\_\_

**Initials**

* Tuition is paid in advance of instruction received and **is payable on the 15th of the month and will be considered late by the 25th. A ten percent late fee will be assessed each month on any accounts carrying a balance.** Services will be terminated if tuition has not been received by the 15th of the following month and you have not contacted the Director. X \_\_\_\_\_

**Initials**

* **There is a $25.00 charge on all returned checks.** X \_\_\_\_\_

**Initials**

* **There is a $1.00 charge for every minute a child is left after the scheduled pick up time.** X \_\_\_\_\_\_

**Initials**

* We accept payments in the form of check and cash, as well as credit/debit cards through PayPal. X \_\_\_\_\_\_

**Initials**

* Tuition credit shall NOT be given for absence due to illness, family vacation, or personal choice to keep the child home due to COVID rising or other reasons. Without payment, we have the right to give away your child’s spot. X \_\_\_\_\_\_

**Initials**

* I agree to notify the school in writing two weeks in advance of withdrawal, should such an event occur, or pay the difference. X \_\_\_\_\_

**Initials**

**I have read the above agreement and agree to comply with these policies regarding tuition and fees.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s Signature Date**

Your Logo Here or delete this text