



**Monte Vista
Presbyterian
Preschool**

MVPpreschool.org

License #561700254

3797 W. Lynn Rd

Newbury Park, CA 91320

Phone: (805) 499-6610

ENROLLMENT APPLICATION FOR 2024-2025 SCHOOL YEAR

Child's First & Last Name

Child's Nickname

Birth Date ____ / ____ / ____ (_____)
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 _____

Print Father's Name

Father's Cell Phone

Father's Business Phone

Father's Email Address

Father's Employment

Print Mother's Name

Mother's Cell Phone

Mother's Business Phone

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.

FOR OFFICE USE ONLY

Notes: _____

Registration Fee Paid _____ Circle: Check Cash PayPal Zelle Date _____

Director's Signature _____ Child's Start Date _____

Enrollment Options

____ 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 1 st	
____ 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