



Class Days & Times:

Tuesday, Wednesday & Thursday
Early Learning ages 3-4yr
1st Class 8:00-10:00 a.m. (Bunny)
2nd Class 10:30-12:30 p.m. (Raccoon)
Registration: \$65 Tuition: \$130

Tuesday, Wednesday & Thursday
Pre- Kindergarten ages 4-5yr
1st Class 8:00-10:15 a.m. (Bear)
2nd Class 10:30-12:45 p.m. (Fox)
Registration \$65 Tuition: \$140

Please drop off your child no more than 15 minutes BEFORE class time begins and pick up your child no later than 5 minutes AFTER class time ends. After that there will be a charge of \$1 per minute.

DISCIPLINE POLICY: We plan on having too much fun and being too busy for anyone to misbehave, but to provide a positive learning environment the following discipline policy will be used. The children will learn the classroom rules during the first week of school, and we will continue to review them throughout the school year. Each child will be given one warning if a rule is broken, followed by a time-out if necessary. If you have any question or concern please email Lori Tillett @ lori.tillett@thewvc.org. I will contact you after school is over.

If your child is absent, please call or text:

Lori – 208-739-1307 or RaeAnn-208-550-1661

REGISTRATION & PAYMENT:

A registration fee of \$65 will be due at the time you register your child (This is non-refundable). This fee secures a slot for you child at West Valley Preschool and will be used to order workbooks, supplies & field trips.

A copy of your child’s birth certificate and immunization record will be required first month of your child begins class. **Your child must be potty trained.**

Tuition is \$130(Early Learning) & \$140(Pre-K) a month regardless of how many weeks in session. Payment is due by the first week of each month. A late fee of \$20 will be assessed after the 2nd week. We take Cash, Check or Credit Card payment on the church website www.thewvc.org. (Click on Preschool tab, Click Pay Tuition Here, giving type Preschool Tuition and then in memo please put child’s name.)

I understand and accept the above policies.

Signature _____ Date _____

CHILDS NAME _____ D.O.B _____ BOY/GIRL

ADDRESS _____ city/zipcode _____

MOTHER'S NAME _____ PHONE# _____

FATHER'S NAME _____ PHONE# _____

ALLERGIES _____

PRIMARY PHYSICIAN _____

LIST OF PERSONS AUTHORIZED TO PICK UP CHILD:

1. NAME _____ PHONE# _____

2. NAME _____ PHONE # _____

IN CASE OF AN ACCIDENT OR EMBERGENCY, THE ABOVE PHYSICIAN MAY BE
CONTATACTED OR AN AMBULANCE BE REQUESTED IF IT IS DEEMED NECESSARY.

IS THERE ANYTHING YOU FEEL IS IMPORTANT FOR US TO KNOW ABOUT YOUR CHILD?

Can your child be put on our West Valley Preschool Business Facebook page? Yes or No



PARENT COPY

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WAIVER AND RELEASE OF LIABILITY AGREEMENT

The undersigned hereby represents that he or she is the parent or guardian of _____ (Child's full name) and agrees to the following:

I understand and agree to a full and complete waiver and release of any and all liability ("Liability Release") on the part WEST VALLEY PRESCHOOL in connection with my Child's attendance at the Preschool and participation in all Preschool activities, including, but not limited to, playground activities, classroom activities and field trips taken in connection with the Preschool. I understand and agree that this Liability Release will apply to the entire duration of my Child's attendance at the Preschool and participation in all Preschool activities.

I further authorize anyone working at the Preschool to obtain medical care for my Child or to transport my Child to a clinic or hospital if, in the opinion of anyone working at the Preschool, medical attention is needed for my Child. I agree that if the Preschool releases my Child to me, my designee, an ambulance or other medical transport, a medical facility, a clinic or a hospital, that the Preschool staff shall not have any further responsibility for my Child. I agree to pay all costs associated with such medical care and related transportation for my Child and indemnify and hold the preschool, its representatives and agents harmless from any costs incurred in connection with such medical attention or any related claims.

This Liability Release may only be revoked in a writing that is signed by both myself and the Director of the Preschool. I acknowledge that I have carefully read this Liability Release and understand intents.

Please Print Name of Parent or Guardian: _____

Signature of Parent or Guardian: _____ Date: _____
