



LittleFriends
CHRISTIAN PRESCHOOL & CHILDCARE

Registration Fee (Check if Paid☺): ☐ Paid

Parent Agreement & Registration

School Year _____

www.lagrande22.adventistschoolconnect.org
(541-963-6390)

Child's Full Legal Name _____ Child's DOB: _____
Name Child goes by (if different) _____ Sex: M / F Child's Current Age: _____

☐ Preschool Only Registration

Preschool Hours: 8:00 – 11:00 Monday through Thursday

Registration Fee: There is a \$100.00 per child registration fee due at the time of application.

Preschool Cost: \$250.00 per month, payable the first of each month starting in September. Preschool tuition will be posted the first day of each month. If payment is not received by the 10th of each month a \$20.00 late fee will be charged. – Your account will be charged \$25.00 for each returned check.

Additional Time: \$4.00 per hour. Your child is welcome to come as early as 7:30 and/ or join our regular after school schedule when needed.

☐ Preschool and Childcare Registration

Hours of Available Care: 7:30 – 5:30 Monday through Thursday; Friday hours to be determined

Registration Fee: There is a \$100.00(Non Refundable) per child registration fee due at the time of application.

Preschool Cost: \$250.00 per month, payable the first of each month starting in September. Preschool tuition will be posted the first business day of each month. If payment is not received by the 10th of each month a \$20.00 late fee will be charged. – Your account will be charged \$25.00 for each returned check.

Childcare Cost: We offer a choice of Childcare Payment Options

1. **Cost of Care per Additional Hour:** \$4.00 per hour.
2. **For Full Time Preschool and Childcare Pre-Payment Option:** \$800 per month.

☐ I choose the Pre-Payment Option. ☐ I choose to pay per Hour.

☐ Childcare Only Registration

Childcare Hours: 11:00 am – 5:30pm Monday through Thursday, 7:30am-5:30pm Friday

Cost: \$4.00 per hour. Childcare payment is payable the first of each month. If current payment is not received on or before the 10th of the month a \$20.00 late fee will be charged. - Your account will be charged \$25.00 for each returned check.

Name of Parent(s) or Guardian(s) Responsible for payment of care given.

Name _____ Daytime Phone _____

Billing Address _____

Street / PO Box

City

Zip

Physical Address _____

Street / PO Box

City

Zip

This agreement is made between the Parent(s)/Guardian(s) and Provider for the care of above named child at Little Friends Christian Preschool and Childcare, located at 2702 Adams Avenue in La Grande, OR.

The signature of the Parent/Guardian to this agreement indicates that they agree to abide by the written policies of the Provider. The Provider may amend or change the policies by giving the Parent/Guardian a 14 day notice before they go into effect.

The signature of the Parent/Guardian to this agreement indicates also that they agree to pay for the child's care as listed above as well as any additional charges incurred for food or out of regular hours charges.

Parent/Guardian Signature

Date