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**Roseburg Playschool**

**Children learning through play for over 60 years!**

**P.O. Box 1642, Roseburg, OR 97470 Membership Phone: 541- 673-8878**

**www.roseburgplayschool.org roseburgplayschool@yahoo.com**

**Class Registration Form**

**Class Time Age Tuition**

\_\_\_ Tot 1 Tuesday 9-10:15 18-30 months $55/month

\_\_\_ Tot 2 Thursday 9-10:15 30-36 months $55/month

\_\_\_ Preschool AM Tues/Thurs 10:45-1:00 3 yrs by Sept. 1 $160/month

\_\_\_ Preschool PM Tues/Thurs 1:45-4pm 3 yrs by Sept. 1 $160/month

\_\_\_ Pre-K AM Mon/Wed/Fri 9:15-12 4 yrs by Sept. 1 $245/month

\_\_\_ Pre-K PM Mon/Wed/Fri 1-3:45 4 yrs by Sept. 1 $245/month

**Student Information:**

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Special needs?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Information**

Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zipe Code\_\_\_\_\_\_\_\_\_

Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact** (if parent/guardian listed above cannot be reached)

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Medical Release Statement**

In the event that emergency medical treatment may be needed, although I prefer the sources above, I hereby give permission for my child to be treated by the most immediate source available. I grant the staff of Roseburg Playschool Co-Op permission to provide any general first aid care deemed necessary for my child. In the event that I cannot be reached, I authorize the above-listed emergency contacts to assist in any care deemed necessary for my child, I also hereby consent to the transfer of my child’s health records for the purpose of treatment.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Upon receipt of your registration form, a non-refundable registration fee of $50.00 will be invoiced to you via Brightwheel. Your spot is not held until the registration fee is paid in full.

**Roseburg Playschool Co-op**

**Enrollment Agreement**

***I agree to fulfill these obligations in order for Roseburg Playschool Co-op to function effectively:***

* Tuition & Fees
	+ - A $50 non-refundable registration fee is due at registration.
		- Tuition for October-May is due on the first of each month.
		- September and October tuition due on October 1.
		- Tuition is considered “past due” if not received by the 10th of each month, and a $10 late fee will apply.
		- If a family withdraws, tuition will be prorated if two weeks prior notice is given to the Membership chair.
		- A fee of $25 will be charged for all checks with non-sufficient funds.
* Group Meetings
	+ - A member of each family is required to attend an Orientation meeting in September.
		- An additional mandatory group meeting may be scheduled if needed to discuss activities, methods, problems, and programs that will interest parents.
* Fundraising
	+ - Fundraising is vital for Playschool to maintain minimal tuition and to cover annual operating expenses.
		- Parent commitments may include selling items, volunteering time, and making minimal monetary contributions.
* Classroom Commitment
	+ - Each family is required to provide snack and paper serving products for their child’s class up to 8 times per year, according to class and enrollment.
		- Tot parents will attend each class with their child.
* Committee Members
	+ - A member of each family will be responsible for participating on a committee throughout the school year.

***I have read the above responsibilities for Roseburg Playschool Co-op, and I agree to the commitments.***

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_