



Good Samaritan Preschool  
 An Outreach Ministry of:  
 Good Samaritan United Methodist Church  
 19624 Homestead Road  
 Office: (408)996-8290 FAX: (408)996-2621  
 E-Mail: [gspreschool@gmail.com](mailto:gspreschool@gmail.com)  
 Website: [goodsampreschool.org](http://goodsampreschool.org)

OFFICE USE ONLY
Fee pd: _____
Schedule: _____
Start date: _____
Classroom: _____
Check # _____

PERSONAL INFORMATION AND ADMISSIONS AGREEMENT (please complete both sides and sign)

Child's Name: \_\_\_\_\_ (Circle) Male Female Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mobile ph: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile ph: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email: \_\_\_\_\_

I wish to enroll my child in the:  Infant Program  Preschool  Summer School Program (Grades 1-6)

Please check one box from each row below:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> As Soon As Possible _____       | <input type="checkbox"/> Fall of: _____        | <input type="checkbox"/> Summer of: _____     |
| <input type="checkbox"/> 5 Days (Mon.-Fri.)              | <input type="checkbox"/> 3 Days (Mon/Wed/Fri.) | <input type="checkbox"/> 2 Days (Tues/Thurs)  |
| <input type="checkbox"/> ½ Day (8:00-12:00 or 9:00-1:00) | <input type="checkbox"/> ¾ Day (9:00-3:00)     | <input type="checkbox"/> Full Day (7:00-6:00) |

Infant Program Only, circle your days: Monday Tuesday Wednesday Thursday Friday

I, \_\_\_\_\_, agree to pay \$\_\_\_\_\_ on the first operating day of each month to Good Sam Preschool for child care services provided to my child, \_\_\_\_\_.

To reserve a place for my child to begin attending on \_\_\_\_\_, I agree to pay a non-refundable registration fee of \$150 and a tuition deposit of \$\_\_\_\_\_ which will be applied toward the first month's tuition.

(This tuition deposit is non-refundable if you elect not to come to Good Samaritan Preschool. You are allowed a one-time change of start date per tuition deposit.)

Tuition payments are due the first day of the month. A \$15 late fee will be charged for payments not received by the 6<sup>th</sup> of the month.

The tuition is based on a yearly rate and is divided equally into monthly payments. Good Samaritan Preschool does not offer reimbursement of tuition for illnesses, holidays, vacations, school closures, or extended trips.

There will be a \$25 charge for all returned checks.

One month's notice is required to withdraw from Good Samaritan Preschool for any reason and you will be required to pay your last month tuition.

Parents will be notified at least 30 days in advance of a tuition change.

Good Samaritan Preschool can terminate my enrollment if the program does not meet the needs of my child, if my account is delinquent, or I violate the rules set forth in the parent handbook.

I have read the above information and agree to the policy.

Print Parent Name \_\_\_\_\_

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Preschool staffer \_\_\_\_\_ Date: \_\_\_\_\_

Complete California state childcare licensing regulations can be found at

[www.dss.cahwnet.gov/org/PG587.htm](http://www.dss.cahwnet.gov/org/PG587.htm)

Last modified 6/16/2017