



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
 Website: 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: _____ Male _____ Female Date of Birth: _____

Known Allergies: _____

Address: _____ Preferred Phone: _____

City: _____ Zip Code: _____

Mother's Name: _____ Father's Name: _____

Mother's Mobile Ph: _____ Father's 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: _____ 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 _____, within three months of today, I agree to pay a non-refundable registration fee of \$175 and a deposit of \$ _____ consisting of half of the first month's, and half of the last month's tuition. To hold a spot for my child for more than three months, in addition to the \$175 registration fee, I agree to put down a full first month and full last month deposit.

This tuition deposit is non-refundable if I elect not to come to Good Samaritan Preschool.

Tuition payments are due the first day of the month. A late fee of 2.5% of the balance will be charged for payments not received by the 6th 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 \$30 charge for all returned checks.

One month's (30 days) notice is required to withdraw from Good Samaritan Preschool for any reason.
I understand I 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

Last modified 4/2/2021