

Child's First Name \_\_\_\_\_ Child's Last Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City, \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent Email: \_\_\_\_\_

	Class	Days	Times	Age Requirements	Tuition
	2-Day 3's	Tu/Thu	8:30 am-12:30 pm	3 years or older	\$ 395.00 Per month
	5-Day 3's	M-F	8:30 am-12:30 pm	3-years or older	\$ 425.00 Per month
	5-Day 4's	M-F	8:30 am-12:30 pm	3.5 years or older	\$ 425.00 Per month
	3-Day Pre-K	M-W-F	8:30 am-12:30pm	4 years or older	\$ 400.00 Per month
	5-Day Pre-K	M-F	8:30 am-12:30 pm	4 years or older	\$ 425.00 Per month
	5-Day Advanced Pre-K/TK	M-F	8:30 am-12:30 pm	5 <sup>th</sup> Birthday is between September 2- December 2	\$425.00 Per month
	Kindergarten	M-F	8:30 am-12:30 pm	Must be 5 years By September 1, 2022	\$425.00 Per month
	First Grade	M-F	8:30 am-12:30 pm	See The Virginia Kathryn School Enrollment	TBD
	Second Grade	M-F	8:30 am-12:30 pm	See The Virginia Kathryn School Enrollment	TBD
	Third Grade	M-F	8:30 am-12:30 pm	See The Virginia Kathryn School Enrollment	TBD
	Fourth Grade	M-F	8:30 am-12:30 pm	See The Virginia Kathryn School Enrollment	TBD
	Fifth Grade	M-F	8:30 am-12:30 pm	See The Virginia Kathryn School Enrollment	TBD

**Tuition is established on a yearly fee** which is based on the number of days the class runs from September to June. Fees are not pro-rated for vacations or illness. The registration fee is due at the time of registration. Tuition is paid in equal monthly installments. September-June. Students entering the program after the start date will be required to pay the full registration fee as stated. **A \$25 late fee** will be issued **monthly** to any account with a balance past due.

**All fees are non-refundable. Non-refundable Registration Fee: \$180.00**

**I understand I am responsible for all tuition and fees for each month that my child attends school for the 2026 / 2027 school year.**

**Signature Acknowledgement:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Does your child have any health problems or medical conditions we should be aware of?

---

Does your child have any allergies to food, medication, pets, other? (Please describe):

---

If yes does your child require medication for this allergy (i.e. Epi-Pin)? \_\_\_\_\_

Does your child have any food or dietary restrictions (i.e. vegetarian, gluten free, vegan, etc)? (Please describe):

---

Does your child have any special needs? (If yes, please explain): \_\_\_\_\_

If yes, are you currently working with ESD / Early Intervention? \_\_\_\_\_

In the event of an emergency that Let's Play School Preschool and Childcare determines serious enough for medical attention and a parent cannot be reached, I authorize LPS to arrange medical transportation and obtain medical services for my child. (initial here to authorize) \_\_\_\_\_

In addition to the parents listed on the front, please list the following individuals who are authorized to pick up or remove your child from school.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Emergency Phone Contact Outside the Portland Metro Area: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

\*Monthly Tuition pays for the spot in the class, not the amount of days your child attends.