

2025-2026
School Year



Application Date: _____

Student's Full Name: _____ Date of Birth: _____
Address (**mailing**): _____ City/Zip: _____
Phone: _____ Name your child should learn to write _____
M or F: _____ Child lives with: _____
Other Children in Family and their Ages: _____

PARENT INFORMATION

Mother's Name: _____ Father's Name: _____
Address: _____ Address: _____
City/Zip: _____ City/Zip: _____
Phone: _____ Phone: _____
Cell: _____ Cell: _____
Work: _____ Work: _____
E-Mail: _____ E-Mail: _____
Employer: _____ Employer: _____

EMERGENCY CONTACT

Please List two people other than you in case of emergency

Name: _____ Cell: _____ Relationship to child: _____
Name: _____ Cell: _____ Relationship to child: _____

HEALTH INFORMATION

Child's Doctor's Name: _____ Phone: _____
Medical Insurance: _____ Policy Number: _____
Give a description of your child's general health (**including any allergies and medications being given**):

WHO WILL BE PICKING UP YOUR CHILD

PLEASE list only those who are authorized to pick up your child on a **REGULAR BASIS**.

Name: _____ Best Number to be reached at _____
Name: _____ Best Number to be reached at: _____
Name: _____ Best Number to be reached at: _____



Financial Agreement

2025-2026 School Year

Tuition and Fees:

Please make checks payable to: **Molalla Striking Arts**

_____(Initial) Tuition is due the 1st of each month and late if received after the 5th of the month. Late payments incur a 10% late fee, unless prior arrangements have been made with Ms. Kira. Payments can be made at the preschool by cash, venmo, check, or a Credit/Debit card.

September tuition is due with registration and is non-refundable.

_____(Initial) A two week written notice is required to withdraw your child from Sunny Creations. Tuition will be pro-rated after receiving your written notice.

PLEASE CHECK THE CLASS YOU WISH YOUR CHILD TO ATTEND

CLASSES ARE FILLED ON A FIRST COME BASIS AS REGISTRATIONS/FEEES ARE RECEIVED

(must be of age by September 1 and potty-trained)

____ 3's PM Class	\$175	Tuesday & Thursday 12:30-3:00pm
____ 3/4 AM Blend Class	\$200	Monday, Wednesday & Friday 9:00-11:30am
____ 4's PM Class	\$200	Monday, Wednesday & Friday 12:30-3:00pm

As the custodial parent or legal guardian of _____ I agree to the
Child's Name
payment terms detailed above and give my consent for my child to attend Sunny Creations.

Parent/Guardian Signature

Date

Late Pick Up Fee:

\$5.00 for every 10 minutes late unless
you've called and made prior
arrangements.

Please see Parent Handbook for further
details.



Consent & Release Form 2025-2026 School Year

Student's Name: _____

My child may have his/her picture taken and used for publicity purposes. YES / NO

My child may have his/her picture taken and shared on a secret parent facebook page. YES/NO

Are you facing any custody issues/concerns over your child? YES/NO

If yes, please explain _____

In case parents cannot be reached, I authorize any emergency treatment deemed necessary for my child by any emergency response personnel.

Parent/Guardian Signature

Date

In case of injury to my child while in the care, custody, or control of Sunny Creations, I HEREBY WAIVE ALL CLAIMS IN EXCESS OF THE LIABILITY INSURANCE THAT SUNNY CREATIONS AND MOLALLA STRIKING ARTS, LLC CARRIES.

Parent/Guardian Signature

Date



All About Me...

(Student's First and Last Name)

1. What name would you like your son/daughter to learn to write at Sunny Creations?
*This should be what they will continue to learn in Elementary School

2. Has your son/daughter been to preschool before? If yes, Where?

3. Has your son/daughter been diagnosed with any learning/behavioral disabilities? If yes, explain.

4. Are there things you notice about your kiddos speech, hearing or behavior that would be good for us to know?

5. Are there any circumstances at home that would be helpful for us to know?

6. Does your kiddo have sensory sensitivities?

7. Does your kiddo have a difficult time eating food?
(picky eater, texture issues, etc.)

8. Which hand does your child color, write or hold scissors in?



Waiver of Liability and Release

I do hereby agree to participate in Molalla Striking Arts/Sunny Creations (referred to as "Company") located in Molalla, Oregon. The responsible party must read the entire contract before signing.

I recognize the risks of injury that are common to any performing arts program that my child or I participate in and I do hereby waive and release the Company from and against any and all claims, actions, causes of action, damages, costs, liabilities, expense of judgments, including attorney's fees and court costs, that arise out of my participation in this program. I hereby execute this Waiver and Release form permitting my minor child and/or myself to participate in the Company's program.

I understand that the classes are based on a nine-month calendar year and that tuition for the school is based on a nine-month calendar year. Tuition is due and must be paid on or before the first day of each month, regardless of Student's absence, major holidays, and/or school holidays. I understand that I will not receive a courtesy bill reminder, and that tuition not received by the fifth of each month will be assessed a late charge of ten percent. Returned checks will result in a \$25.00 penalty fee. Be advised that it is the Guardian's responsibility to make sure payment is received on time. Delinquent accounts will be turned over to a collection agency. All fees are subject to an annual increase due to the cost of living. I understand that Registration fees and tuition fees are non-refundable. I understand that if I wish to withdraw my student, I will provide the Company a two week advance written notice on or before the first day of the month.

Martial Arts classes, uniforms, equipment, private lessons, etc. are all additional costs and are not included within tuition. By signing below you indicate you have read the Waiver and Release guidelines, terms and conditions, and regulations on this contract and fully understand the contents.

This contract will remain on file in the Company office unless the terms and conditions change. At that time a new contract will be executed.

I have executed this Waiver and Release this _____ day of _____, 20_____.

Signature of Parent/Guardian

Name of Child