

Time to Shine Preschool, LLC
(PLEASE PRINT CLEARLY) 2021 - 2022

CHILD'S NAME _____

ADDRESS _____ CITY _____ ZIP _____

HOME PHONE (____) _____ BIRTHDATE ____/____/____ AGE ____ YRS ____ MOS.

ALLERGIES, MEDICAL ISSUES, MEDICATIONS, DIETARY RESTRICTIONS:

1. PARENT/GUARDIAN'S NAME _____

ADDRESS (if different from above) _____ HOME PHONE (____) _____

E-MAIL ADDRESS _____ CELL/WORK PHONE (____) _____

2. PARENT/GUARDIAN'S NAME _____

ADDRESS (if different from above) _____ HOME PHONE (____) _____

E-MAIL ADDRESS _____ CELL/WORK PHONE (____) _____

IN CASE OF AN EMERGENCY AND PARENTS/GUARDIANS CANNOT BE REACHED, CONTACT: (Parent/Guardian is responsible to provide current phone numbers)

NAME _____ RELATIONSHIP TO CHILD _____

HOME PHONE (____) _____ CELL/WORK PHONE (____) _____

PERSON(S) AUTHORIZED TO PICK-UP CHILD: _____

PARENTS/GUARDIANS: Please read the following and initial:

Class time
8:30 A.M – 12:00 P.M.
*Ages 3 years to 5 years

*Children must be fully potty trained

Schedule Choices
Please circle your choice

T/TH

M/W/F

Mon-Fri

SUMMER CAMP
Ages 3 years to 5 years

T/TH,
M/W/F
Mon-Fri

9:00 A.M. – 12:00 P.M.

TUITION/DEPOSIT/WITHDRAWAL: I understand that the first and last month's **non-refundable** tuition/deposit is due upon registration to hold my child's spot. A one month written notice is required if my child will no longer attend. Your last month's tuition will be applied. Tuition will not be prorated. Summer camp payments are non-refundable but are transferable based on availability. _____ (initials)

LATE PICK UP FEE: I understand that pick up is 12:00 P.M. A late fee of \$1 per minute for every minute I am late will be charged beginning at 12:05 P.M. _____ (initials)

ABSENCES: I understand that credits, refunds or make-ups will not be given when my child is absent from the program or for severe weather closures. We follow the Tigard/Tualatin school district for weather closures. If they are closed or have a delayed start we are closed. Days will not be added at the end of the school year. Call/email prior to class if your child will be absent. _____ (initials)

PAYMENT: I understand that monthly payments are due no later than pick up time, on the **1st of every month**. Checks can be post-dated and will not be cashed until the 1st. If I miss the due date I understand that I will be charged an automatic **\$10/day late fee**. _____ (initials)

PHOTO CONSENT: Undersigned Authorizes Time to Shine, LLC to use your (or child's/ward) photograph in any future educational and/or community informational purposes, (including, but not limited to the website, blog, social media etc.) produced by Time to Shine Preschool, LLC.
 Check here if you **DO NOT** give photographic consent.

CONSENT TO TREAT: I hereby give my consent for Time to Shine Preschool, LLC staff to take my child/ward to the appropriate medical services and give appropriate medical authorization in the event that I cannot be immediately contacted. It is understood that the cost thereof will be at my expense. Check here if you **DO NOT consent to treat and I request that medical or surgical services be withheld**.

1. Undersigned hereby releases, waives and discharges Time to Shine Preschool, LLC, it's owners, teachers, employees and independent contractors from all liability to the undersigned and/or his/her personal representatives, assignees, heirs, and next of kin for any loss or damage and any claim or demands accruing or resulting from injury to the person or property or death of the undersigned, whether or not caused by the negligence and/or property of Time to Shine Preschool, LLC, its owners, teachers, employees and independent contractors. _____ (initials)

2. Undersigned hereby assumes full responsibility for and risk of bodily injury, death or property damage, whether or not it is due to the negligence of Time to Shine Preschool, LLC, it's owners, teachers, employees and independent contractors or otherwise while in, upon or about the premises of Time to Shine Preschool, LLC and/or while using the premises or facilities or equipment or program thereon. _____ (initials)

Parent Handbook and Registration form: I have received, fully read, understand and agree to everything in the Parent Handbook and on this enrollment form. **PARENT/GUARDIAN SIGNATURE:** _____ **DATE:** _____