



# SHEPHERD CENTER PRESCHOOL

15215 E. Janine Dr., Whittier, CA 90605  
Tel. (562) 693-8969 Fax (562) 696-6254

## Monthly Tuition Fees (Ages 2 to 6)

Full-Day Program 6:30 am – 6:00 pm			Half-Day Program 9:00 am – 12 noon			Before/After School Care
# of Days	Potty Trained	Non-Potty Trained	# of Days	Potty Trained	Non-Potty Trained	\$10.50 per hour
5	\$675	\$695	5	\$575	\$595	
3*	\$490	\$515	3*	\$365	\$385	
2*	\$390	\$415	2*	\$320	\$335	
*Extra Day Charge	\$60.00 Charged Monthly		*Extra Day Charge	\$50.00 Charged Monthly		
Late Pick-Up Fee	\$1.00 per minute after 6:00 p.m.					

One snack is provided for the Half-Day Program and two snacks for the Full-Day Program.

A **non-refundable** registration fee/annual renewal fee of \$140 and a \$95 materials fee is required for each new and/or returning student, which is due with the August tuition.

Tuition is due on the 1<sup>st</sup> of each month. A 5% fee will be charged for payments received after the 5<sup>th</sup> of each month, and 10% will be charged on any remaining balance received after the 10<sup>th</sup> of each month.

A one-week vacation credit is available after 90 days from your child's start date. A two-week advance written notice is required to request the vacation credit or to request a change in your child's schedule.

## Elementary Day Care (Grades 1 – 5)

# of Days a.m./p.m.	Monthly Fee
5	\$540
3	\$348
2	\$305
Extra Day Charge (3.5 hours)	\$30 (payable at time of pick-up)

A **non-refundable** registration fee of \$140 is required for each student.



# SHEPHERD CENTER PRESCHOOL

15215 E. Janine Dr., Whittier, CA 90605  
Tel. (562) 693-8969 Fax (562) 696-6254

## Available Discounts

Listed below are the discounts and the criteria required to maintain them:

- **Sibling - 10%**  
One or more siblings must be in continued attendance
  
- **Whittier Hospital Employee - 10%**  
Continued employment at the hospital
  
- **Church Member - 20%**  
Regular attendance and financial support of the church
  
- **Church/Preschool Employee - 1 child free, 50% each thereafter**  
Continued employment

These discounts are not, however, combinable and you will receive whichever one affords the highest percentage.

Although you receive this discounted rate, it does not apply to the Registration Fee (Summer or Fall) and Material Fees. Also, all rules set forth when you registered apply for the continued attendance of your child/children.



# SHEPHERD CENTER PRESCHOOL

15215 E. Janine Dr., Whittier, CA 90605  
Tel. (562) 693-8969 Fax (562) 696-6254

## Registration Form

Day Care 6:30 am – 6:00 pm			Preschool 9:00 am – 12 noon			Before/After School Care
# of Days	Potty Trained	Non-Potty Trained	# of Days	Potty Trained	Non-Potty Trained	\$10.50 per hour
5	\$675	\$695	5	\$575	\$595	
3	\$490	\$515	3	\$365	\$385	
2	\$390	\$415	2	\$320	\$335	
Extra Day Charge	\$60.00 Charged Monthly		Extra Day Charge	\$50.00 Charged Monthly		
Late Pick-Up Fee	\$1.00 per minute after 6:00 p.m.					

One snack is provided for the Half-Day Program and two snacks for the Full-Day Program.

A **non-refundable** registration fee/annual renewal fee of \$140 and a \$95 material fee is required for each new and/or returning student, which is due with the August tuition.

Tuition is due on the 1<sup>st</sup> of each month. A 5% fee will be charged for payments received after the 5<sup>th</sup> of each month, and 10% will be charged on any remaining balance received after the 10<sup>th</sup> of each month.

A one-week vacation credit is available after 90 days from your child's start date. A two-week advance written notice is required to request the vacation credit or to request a change in your child's schedule.

Date \_\_\_\_\_ E-Mail \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First) (Last)

Program:  Full Day  Half Day Days (circle all that apply): M T W Th F Start Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Church \_\_\_\_\_

Potty Trained:  Yes  No

My child is allergic to \_\_\_\_\_

### **For Office Use Only**

Registration \$ \_\_\_\_\_ Material Fee \$ \_\_\_\_\_ Tuition Billed \$ \_\_\_\_\_ Classroom \_\_\_\_\_ Date \_\_\_\_\_



# SHEPHERD CENTER PRESCHOOL

15215 E. Janine Dr., Whittier, CA 90605  
Tel. (562) 693-8969 Fax (562) 696-6254

## Elementary Registration Form (Grades 1 – 5)

# of Days a.m./p.m.	Monthly Fee
5	\$540
3	\$348
2	\$305
Extra Day Charge (3.5 hours)	\$30 (payable at time of pick-up)

A **non-refundable** registration fee of \$140 is required for each student.

Date \_\_\_\_\_ E-Mail \_\_\_\_\_

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First) (Last)

Program:  A.M.  P.M. Days (circle all that apply): M T W Th F Start Date \_\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Home/Cell Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Church \_\_\_\_\_

My child is allergic to \_\_\_\_\_

### **For Office Use Only**

Registration \$ \_\_\_\_\_ Tuition Billed \$ \_\_\_\_\_ Classroom \_\_\_\_\_ Date \_\_\_\_\_



Shepherd Center Preschool

EMERGENCY CARD

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mom's Home # \_\_\_\_\_ Dad's Home # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Dad's Work # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

If parent is unavailable in an emergency, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Names of persons authorized to pick up child:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

4. \_\_\_\_\_ Phone # \_\_\_\_\_

4/2021



Shepherd Center Preschool

EMERGENCY CARD

Child's Name \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Mom's Home # \_\_\_\_\_ Dad's Home # \_\_\_\_\_

Mom's Work # \_\_\_\_\_ Dad's Work # \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

If parent is unavailable in an emergency, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_

Names of persons authorized to pick up child:

1. \_\_\_\_\_ Phone # \_\_\_\_\_

2. \_\_\_\_\_ Phone # \_\_\_\_\_

3. \_\_\_\_\_ Phone # \_\_\_\_\_

4. \_\_\_\_\_ Phone # \_\_\_\_\_

4/2021



# Shepherd Center Preschool

## Photography Non-Permission/Opt-Out Form

We believe that using photos of our children in our newsletters, flyers, and on social media fosters a greater sense of community. Unless we are notified in writing that you object, photos taken at the preschool may be used in one or more of the publications listed above or on our website, [www.solwhittier.org](http://www.solwhittier.org).

Complete and return this form **ONLY if you do NOT give permission** for your child's photo to appear in print or on our website. This opt-out form does not apply to photos that might be taken and used by others who attend our school events.

Child's Name (please print) \_\_\_\_\_

Parent or Guardian's Name \_\_\_\_\_

Phone \_\_\_\_\_ Email address \_\_\_\_\_

If you do NOT wish to have your child's photograph used in any way, please **sign and return this form to the Preschool Office.**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_



# SHEPHERD CENTER PRESCHOOL

15215 E. Janine Dr., Whittier, CA 90605  
Tel. (562) 693-8969 Fax (562) 696-6254

## MANDATED STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT SUSPECTED CHILD ABUSE

Section 11166 of the California Penal Code requires that any child care custodian, medical practitioner, or employee of a child protection agency, who has knowledge of or has observed a child in his or professional capacity or within the scope of his or her employment whom he or she knows or whom reasonably suspects has been the victim of child abuse or neglect, shall make a report to an agency specified in Section 11165.9. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written follow-up report within 36 hours of receiving the information concerning the incident.

“Child Care Custodian” includes teachers, licensed day workers, administrators of the community care facilities licensed to care for children, foster parent, and group home personnel.

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, have read and understand the requirements of Penal Code Section 11166 as outlined above and understand that employees of this facility are mandated by this requirement and will comply with these provisions.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



# SHEPHERD CENTER PRESCHOOL

15215 E. Janine Dr., Whittier, CA 90605  
Tel. (562) 693-8969 Fax (562) 696-6254

## Handbook Amendment Fundraising Policy

Shepherd Center is a non-profit school. We strive to keep our tuition at an affordable rate to accommodate all families. We do provide the teachers with pay increases, as well as offer them medical benefits. Therefore, we find it necessary to do fundraisers each school year. The money that is raised from our fundraising efforts is always put back into our program, either to purchase new items for our classrooms or playground. We rely on 100% parent participation in at least two fundraising events per school year with a minimum of \$50.00 (fifty dollars) per order or participate in two eight-hour workdays. If you cannot or do not wish to participate in these opportunities, you have the option to pay a \$50.00 (fifty dollar) donation two times per school year. These payments can be made at the time of enrollment or can be paid at the time of our Winter and Spring fundraising events.

By signing below, you agree to either participate in our fundraisers or use the alternate giving program of \$100.00 as a term of accepting our enrollment conditions.

-----✂-----Cut and Return Lower Portion-----✂-----

I have read and understand that by enrolling my child at Shepherd Center Preschool, I agree to participate in at least two (2) fundraising events totaling \$100.00 (one hundred dollars) in sales or will participate in two eight-hour workdays. If I choose not to participate in either, I will donate two payments of \$50.00 (fifty dollars), each due at the time of the Winter and Spring fundraising events.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_