



Shepherd's Care Children's Center
4200 Olney-Laytonsville Road • Olney, MD 20832
301-570-7566 • sccc@olneygoodshepherd.org

Application for Admission 2018-2019

Child's Full Name _____

Submit a separate application for each child that you are enrolling. Only a parent/guardian may enroll a child.

Programs and Tuition:

Bees Class: Age 3 by March 1, 2019

9:00 a.m. – 1:00 p.m.

_____ 2 days a week	\$3,150.00 per year or 9 installments of \$350.00
_____ 3 days a week	\$3,870.00 per year or 9 installments of \$430.00
_____ 4 days a week	\$4,500.00 per year or 9 installments of \$500.00
_____ 5 days a week	\$4,725.00 per year or 9 installments of \$525.00

Please select days of attendance:

___ Monday ___ Tuesday*^ ___ Wednesday*+ ___ Thursday ___ Friday

Owls Class: Age 4 by December 31, 2018

9:00 a.m. – 1:00 p.m.

_____ 3 days a week	\$3,870.00 per year or 9 installments of \$430.00
_____ 4 days a week	\$4,500.00 per year or 9 installments of \$500.00
_____ 5 days a week	\$4,725.00 per year or 9 installments of \$525.00

Please select days of attendance:

___ Monday ___ Tuesday*^ ___ Wednesday*+ ___ Thursday ___ Friday

* Chapel is held twice weekly. You must enroll on at least a Tuesday or Wednesday when Chapel is held.

^ Music Class is held on Tuesdays.

+ Kid Fit Class is held on Wednesdays.

(These days are subject to change due to weather or teacher absence.)

Extended Day Program (available Monday through Thursday)

1:00 p.m. – 3:00 p.m.

_____ 2 days a week	\$1,125.00 per year or 9 installments of \$125.00
_____ 3 days a week	\$1,665.00 per year or 9 installments of \$185.00
_____ 4 days a week	\$2,205.00 per year or 9 installments of \$245.00

Please select days of attendance:

___ Monday ___ Tuesday ___ Wednesday ___ Thursday

We reserve the right to cancel the Extended Day Program due to low enrollment. Payment would be refunded.

Enrollment based upon availability of each day. Children with special needs will be considered for acceptance into Shepherd's Care Children's Center (SCCC) on an individual basis. We ask that parent(s) inform and discuss with the Director these needs prior to acceptance. We reserve the right to not accept any family whose needs we cannot meet or any family whose parents do not adhere to policies and procedures of SCCC.

All emergency and medical forms must be returned to the school no later than August 1, 2018. (Children must have completed forms on file before starting school. This is a requirement of Maryland licensing regulations).

Tuition Policies:

- **A \$100 registration fee and deposit of one tuition installment are due with this application.** The registration fee is non-refundable. The deposit is refundable only if notice of withdrawal is submitted in writing to the Director prior to June 1, 2018.
- The deposit will be applied to your May tuition installment.
- Tuition installments are due by the 1st of each month, starting in September. After the 10th of each month, a 10% late fee will be assessed to the overdue balance.
- Returned checks will incur a fee of \$25.00. If an account has two (2) returned checks, all future payments will then be required to be made by certified funds.
- To withdraw during the school year, a thirty day notice is required and must be submitted in writing to the Director. The deposit paid with registration will be applied to your final tuition installment.
- There are no refunds or make-up days for unscheduled closures due to weather, emergencies, or days your child is absent from school.
- Drop-ins are welcome for our Extended Day Program for an additional \$25.00 per day or for our 9am-1pm Regular Day for an additional \$40.00 per day, if there is space available. Requests should be made to the Director with 24-hour notice.
- Discounts:
 - 10% tuition discount for the younger child(ren), when two or more siblings are enrolled.
 - 5% tuition discount if you prepay your yearly tuition by September 11, 2018. Please ask the Director for yearly payment totals.
 - 10% tuition discount for communicant members of The Lutheran Church of the Good Shepherd. A communicant member is determined by the Pastor.

Please make all checks payable to: **SCCC**

I understand and accept all payment terms for this registration.

Parent/Guardian Signature

Date

Welcome to Shepherd's Care Children's Center. Your child is a special child of God and we feel privileged to share in their preschool experience. Please feel free to bring any questions or concerns to our Director.

Family Information:

Child's Full Name _____ Name Used _____

Birthday (mo/day/yr) _____ Age _____ Sex _____

Address _____

Home Phone _____

Family Email _____

Parent _____

Parent _____

Profession _____

Profession _____

Work Phone _____

Work Phone _____

Cell Phone _____

Cell Phone _____

Others in household (name, age, relationship) _____

Does your child have any special conditions of which the teacher needs to be aware of, such as allergies, fears, language difficulties, etc.? _____

Is there any other information that you feel would be helpful to the teachers? _____

How did you hear about Shepherd's Care Children's Center? _____

I certify that the information on this application is correct to the best of my knowledge.

Parent/Guardian Signature

Date