

2021-2022  
School Year



Application Date: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Name your child should learn to write \_\_\_\_\_

**PLEASE CHECK THE CLASS YOU WISH YOUR CHILD TO ATTEND**

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

\_\_\_ 3 's AM Class Tuesday & Thursday 9:00-11:30 (must be 3 by September 1 and potty-trained)  
\_\_\_ 4 's AM Class Monday, Wednesday & Friday 9:00-11:30 (must be 4 by September 1 and potty-trained)  
\_\_\_ 4 's PM Class Monday, Wednesday & Friday 12:30-3:00 (must be 4 by September 1 and potty-trained)

Child lives with: \_\_\_\_\_ Family Church: \_\_\_\_\_  
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: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City/Zip: \_\_\_\_\_ City/Zip: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**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: \_\_\_\_\_  
Address: \_\_\_\_\_  
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 the name(s) of those who are authorized to pick up your child. **PLEASE** list only those who will be picking 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: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Reg. Fee Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_



## Financial Agreement 2021-2022 School Year

### Tuition and Fees:

*Please make checks payable to: **Foothills Community Church***

\_\_\_\_\_(Initial) Tuition is due the last school day of each month for the month to follow, and late if received after the 5<sup>th</sup> of the month payment is due. **Late payments incur a \$10 late fee**, unless prior arrangements have been made with Liz Nauta, LHP Administrator or Kim Renner, Director of Children's Ministries, Foothills Community Church. We do not offer online payment options at this time. Payments can be made at the preschool in the designated tuition box by cash or check, with a Credit/Debit card or mailed to Foothills at PO Box 797, Molalla, OR 97038.

**September tuition is due at parent orientation in August.**

\_\_\_\_\_(Initial) A two week written notice is required to withdraw your child from Loving Hearts Preschool. Tuition will be pro-rated after receiving your written notice. All tuition up to and including the two week notice period is due and payable before your child's last day.

**4's AM 9:00-11:30 & 4's PM 12:30-3:00: \$160.00 per month**      **May Graduation Fee: \$25.00**

**3's AM 9:00-11:30 : \$130.00 per month**

**Snack Fee: \$35.00 per child, per year**

**Registration Fee: \$150.00 per child, per year (non-refundable)**

(Due with Registration Form regardless of time of year child is registered)

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 Foothills Loving Hearts Preschool.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Late Pick Up Fee:**

\$5.00 for every 15 minutes late unless you've called LHP and made prior arrangements.

Please see Parent Handbook for further details.

110 Grange St.  
Molalla, OR 97038  
503-829-5130

[preschool@foothillsonline.com](mailto:preschool@foothillsonline.com)



Updated 2/04/21



## Consent & Release Form 2021-2022 School Year

Student's Name: \_\_\_\_\_

My child may have his/her picture taken and used for publicity purposes. YES / NO  
(Only to be put on Loving Hearts Preschool secret FB page)

Are you facing any custody issues/concerns over your child? YES/NO  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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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 Foothills Loving Hearts Preschool, **I HEREBY WAIVE ALL CLAIMS IN EXCESS OF THE LIABILITY INSURANCE THAT FOOTHILLS COMMUNITY CHURCH CARRIES.**

\_\_\_\_\_  
Parent/Guardian Signature Date

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