



Pumpkin Patch Preschool - Enrollment Form

Childs name

Gender _____

Childs birth date

Parent/ Guardian names

Names of siblings and other members of the household. Please indicate multiple households

If applicable, please indicate any custody arrangements

Email Address(s)

Street Address(s)

Phone number(s) Listed in order of how you would like to first be contacted. - Primary contacts, and then emergency contacts

Name _____ **Number** _____ **Text ok Y / N**

Name _____ **Number** _____ **Text ok Y / N**

Name _____ **Number** _____ **Text ok Y / N**

Name _____ **Number** _____ **Text ok Y / N**

Allergy/ Diet Restrictions and medical information

Any additional information you would like to share

Please check which class you would like to enroll your child in:

_____ **3's/ 4's Blended Class 8am -12pm**

Tuesdays and Thursdays

\$320 per month (September - June)

_____ **Pre K Class 8am - 12pm**

Mondays, Wednesdays and Fridays

\$450 per month (September - June)

Monthly tuition is due on the first of each month. The monthly payment is based on the total annual tuition (September- June) divided into 10 monthly installments.

All tuition payments are non-refundable. This includes voluntarily leaving the program, as well as closing due to acts of nature, or viral outbreaks.

If payment is not received by the 10th of the month a late fee of \$25.00 may be charged.

Pumpkin Patch Preschool follows the Bend/LaPine School districts holiday schedule.

In order to secure your child's space and pay for your Childs snacks and supplies for the year - a non-refundable \$175 registration fee is due at the time of registration.

Volunteering is on an open door policy, please come if and when you are able to do so. Volunteers may not be alone with a child other than their own.

I have read and agree to the terms above.

_____ date _____

_____ date _____

Billing Address:

Pumpkin Patch Preschool llc
21081 Pinehaven Ave
Bend OR 97702

541-408-3208

bend.pumpkinpatchpreschool.com

Pumpkin Patch Preschool, llc
Photo Release Permission Slip

As a parent or guardian of this student, I hereby consent to the use of photographs/ videotape taken during the course of the school year for scrapbooking, slideshows, promotional and/or educational purposes (including publications, presentation or broadcast internet or other media sources.) I do this with full knowledge and consent and waive all claims for compensation for use, or for damages.

Yes, I give consent for Pumpkin Patch Preschool, llc to photograph my child for School purposes and/or at school events.

No, I do not authorize Pumpkin Patch Preschool, llc to photograph my child for any event.

Parent/ Guardian Signature: _____ Date: _____

Students Name: _____