

Waldorf School of Bend (WSB)

Application for Enrollment & Financial Agreement (2011-2012)

2011-2012 Program/Grade _____

Child's Name _____ Birth Date _____

Program	Monthly Payment (10 Mo. Plan)	Monthly Payment (12 Mo. Plan)	2011-2012 Tuition	2011-2012 Supply Fee
Mixed Age Kindergarten:				
<input type="checkbox"/> 2 days	\$140	\$116	\$1,400	\$200
<input type="checkbox"/> 3 days	\$210	\$175	\$2,100	\$300
<input type="checkbox"/> 5 days	\$350	\$292	\$3,500	\$500
Grades:				
<input type="checkbox"/> 1 st -8th	\$350	\$292	\$3,500	\$500

The **supply fee** is due upon enrollment for all students and is non-refundable.

The enrollment fee is \$75. The enrollment fee is non-refundable. Students will be subject to the admissions criteria and policies in effect at the time of enrollment.

For all new enrolling families there is a one time application fee of \$25.00. This is non-refundable.

WSB accepts payments by cash, check and credit card. Payments made by credit or debit card will accrue an additional fee (the credit/debit fee is based on the transaction amount. A flat fee of 2.5% will be charged for all transactions.

Volunteer participation is essential to our school's success and is required of each family. There are many opportunities throughout the year to contribute; see the office for details. The required **annual** volunteer commitment per family is:

- 1 student enrolled 5 days a week: 40 hours
- 1 student enrolled 4 days a week: 30 hours
- 1 student enrolled 2 or 3 days a week: 20 hours
- 2 or more students enrolled: 50 hours

Tuition Payment Options:

One of four tuition payment plans must be selected below: Please note that we are an Accessible to All (ATA) Tuition Adjustment School

_____ Option 1 - Annual Tuition Paid In Full

_____ Option 2 -Credit Card Payment Plan (CHOOSE ONE OPTION BELOW)

Parents must sign up for automatic direct debit payments (ACH) at time of enrollment. Tuition is debited by the fifth day of each month, based on a 10-month or 12-month cycle. See above for monthly payment amounts.

____ 10-month (September 2011 through June 2012) ____ 12-month (July 2011 through June 2012)

_____ Option 3 - Tuition Assistance through the Department of Human Services (DHS)

Available for qualified families in Preschool and Kindergarten. Parents must sign up for automatic credit card payments at time of enrollment (10-month cycle only). The portion of tuition not paid by DHS is debited by the fifth day of each month.

_____ Option 4- Scholarship - Based on Availability for qualified families. Parents must meet with College Of Teachers to be considered for scholarship. Scholarships to be awarded by the Board before enrollment is secured Please call office to schedule appointment at: 541-330-8841

Tuition Payment Policy

- Tuition is due, payable and earned on the first day of each month.
- In the event that a credit card payment is denied for any reason (including, but not limited to, insufficient funds or cancellation of direct debit authorization), you will be assessed a \$50 late fee. In the event of subsequent denied or missed payments, you will be assessed a \$100 late fee per payment.
- The Waldorf School of Bend may deny the student admittance to class if any monthly tuition payment remains unpaid for more than 30 days.
- Monthly tuition payments that remain unpaid for 60 days after they become due may be sent to collections, and will be subject to additional collection fees.

Additional Terms and Conditions

When families enroll, they are committing to a minimum of a term. Payments can be made monthly, but in the event of early withdrawal, families are financially responsible for the term. The first term runs from September through December and the second term runs from January through June. When families sign an annual contract, they commit to each of these terms unless notice of early withdrawal is given by the deadline of each term. The term enrollment deadline for the first term is August 15 and for the second term is December 15.

Students Enrolling During the School Year

- Tuition and supply fees for the remaining portion of the year will be set by the Administrative Team and may be pro-rated. The enrollment fee will not be pro-rated.
- Full payment of the enrollment and supply fees are due upon enrollment.
- Unless full payment of tuition is made by cash or check at enrollment, the tuition amount shall be divided by the number of months remaining in the school year, and paid monthly by direct debit, with the final payment in June 2012.
- DHS-qualified families will pay the supply fee and enrollment fee at the time of enrollment. Any amount not paid by DHS will be paid by direct debit between the first and fifth day of each month.

This is a legally binding contract effective for the 2011-2012 school-year. As a parent or legal guardian, I have read the entire Application for Enrollment and Financial Agreement, understand and agree to all of its terms and acknowledge that I am financially responsible for the total tuition and fees as specified, as well as any additional charges incurred.

Parent/Guardian

Print Name

Date

Parent/Guardian

Print Name

Date

WSB Director of Administration

Print Name

Date

Waldorf School of Bend Emergency Contact and Authorization Form

Name of Child _____ Grade/Program _____
Nickname _____ Birthdate _____ Age at entry _____

Parent(s) or Guardian(s) Contact Information:

Name _____ Relationship _____
Home Address _____
Employer/ worksite/ hours _____
Home phone _____ Work phone _____
Cell phone/pager _____ Email _____

Name _____ Relationship _____
Home Address _____
Employer/ worksite/ hours _____
Home phone _____ Work phone _____
Cell phone/pager _____ Email _____

Is any of this contact information confidential? _____

We always try to contact parents first. However, we are required to have an emergency contact OTHER THAN parents. These persons are authorized to pick up your child from the school:

Name _____ Relationship _____
Home phone _____ Work phone _____
Cell phone/pager _____ Email _____

Name _____ Relationship _____
Home phone _____ Work phone _____
Cell phone/pager _____ Email _____

Other people authorized to pick up your child in non-emergency situations:

Name _____ Relationship _____
Home phone _____ Work phone _____
Cell phone/pager _____ Email _____

Name _____ Relationship _____
Home phone _____ Work phone _____
Cell phone/pager _____ Email _____

Name _____ Relationship _____
Home phone _____ Work phone _____
Cell phone/pager _____ Email _____

Does your child have allergies? ___ Yes ___ No List details: _____

Other health concerns or restrictions on activities? ___ Yes ___ No List details: _____

Medical Provider _____ Phone _____

Insurance Information (if applicable) _____

Dentist _____ Phone _____

My Signature below gives permission for the following:

In an emergency, the Waldorf School of Bend has my permission to call an ambulance or to take my child to any available physician or hospital and to obtain medical treatment for my child at my expense. In most emergencies, 911 is called and child is transported to nearest hospital and seen by the physician on call. (Parents are always notified as soon as possible.)

My child may be given non-prescribed medication as indicated on the container, including sunscreen, children’s pain reliever, antibacterial first aid cream, and diapering ointment. Syrup of ipecac may be administered if deemed necessary by the poison control operator. We will contact parents prior to administering non-prescription pain relievers.

Administration of prescription medications by WSB staff requires a current prescription and written authorization for each medication. WSB has my permission to administer the following prescription medications to my child: _____

My child may be taken on field trips or excursions by bus or private motor vehicle; and on neighborhood walking excursions, under required supervision.

My child may participate in swimming or other water activities under required supervision. (Child Care Division requires approved lifeguard).

My child [____ may/ ____ may not] be photographed for publicity or news purposes.

WSB [____ may/ ____ may not] release my contact information for the school directory.

Please list any restrictions on the above authorizations: _____

Special Transportation Arrangements

CCD requires a written plan of the transportation arrangements between the child care facility and parents for children who come and go for school and other extracurricular activities. The following indicates our plan.

_____ (child) attends the Waldorf School of Bend (school). He/she will be transported/escorted between the child care facility and school by: ____ a parent, ____ school bus, ____ Head Start bus, ____ Child care facility, or ____ will arrive/depart unescorted with my permission. If my child is not at the designated pickup site or does not arrive as planned, please contact the parent(s) or the school, as applicable, to confirm the child’s whereabouts and/or devise a plan as needed to locate the child. My child also has permission to (please specify, i.e., work with teacher after school, attend extracurricular classes or meetings, depart for home at a specified time, etc.,) _____

Parent/Guardian signature _____ Date _____

We appreciate your help in updating these forms regularly to keep the most current information and emergency contacts for your child. We want to work together in meeting your child’s needs and encourage you to talk with us whenever necessary.