

# VALLEY PARENT PRESCHOOL 2017-2018 REGISTRATION FORM

Please Print and Return to Membership Chairperson

Child's Name \_\_\_\_\_ Child's Gender \_\_\_\_\_ Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Address, City & Zip \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email(s) \_\_\_\_\_

## PROGRAM PREFERENCE (Subject to Availability. Circle your day preference.)

PRESCHOOL 9-11:30am	AM PRE-K 9-11:30am	5 DAY AM PRE-K 9-11:30am	PM PRE-K 12:30-3:30pm
Age 3 by 12/31/17	Age 4 by 12/31/17	Age 4 by 12/31/17	Age 4 by 9/1/17
\$270 per month	\$315 per month	\$630 per month	\$410 per month
2 co-op days per month	3 co-op days per month	4-5 co-op days per month	3-4 co-op days per month
Mon/Wed or Tues/Thurs or No Preference	Mon/Wed/Fri or Tues/Thurs or/Fri No Preference	Mon-Fri	Mon-Thurs
Due at Registration \$360	Due at Registration \$382.50	Due at Registration \$540	Due at Registration \$430
All co-oping families are required to serve on a committee for a minimum of 20-25 hours per year, complete 5 school Upkeep Hours per child attending VPP, attend parent orientation and 3 general meetings. Please read the general information policy in order to fully understand all co-op requirements prior to registering.			

## NON CO-OP

One non co-op spot is available for each Preschool and Pre-K class. Tuition is double the price listed above in exchange for no classroom work days or committee requirement. Initial here if interested \_\_\_\_\_

**A supply fee of \$225 and August's tuition (1/2 of the regular monthly tuition rate) is due with this form. Once registration form is processed a tuition statement will be sent via email and payment is due within 48 hours.**

**All payments are non-refundable.** Acceptable forms of payment are credit card or via VPPs IPN. Scan the QR code below to access the IPN payment option. It is your obligation to give a one month written notification to the Membership Chairperson if you wish to terminate your membership for any reason.

I have received and read the General Information Policy, and understand the requirements. I wish to enroll my child(ren) in Valley Parent's 2017-2018 program.

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



Valley Parent Preschool  
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(925) 837-5401 • www.valleyparent.org  
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**SCHOOL USE ONLY** Date Received \_\_\_\_\_ Supply Fee Paid \_\_\_\_\_ Tuition Paid \_\_\_\_\_  
Conf/Wait List Letter \_\_\_\_\_ Committee Pref \_\_\_\_\_ Target Start Date \_\_\_\_\_ 1/2017