

SHINE Summer Program: June 17-August 30

Serving Honoring Inspiring Nurturing Educating



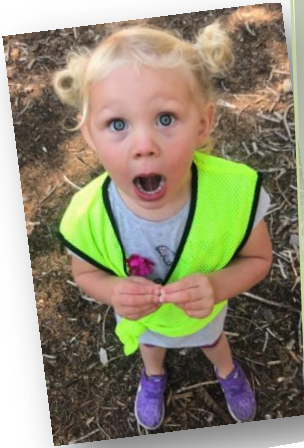
SHINE

2265 NW Shevlin Park Road, Bend, Oregon
541-213-3023 shinepreschoolbend@gmail.com

Performing Arts & Education



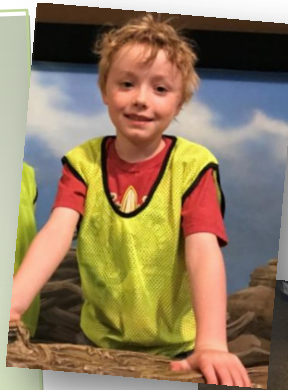
Hands on Learning
through our monthly
themes and activities!



Weekly Field Trips:
Wednesday-Voyagers
Friday- Explorers

Trips include: High Desert Museum,
SHARC, Skyliner's Educational
Lodge, Mountain Air, and more!

**Field trips may require an
additional entrance fee.



Mentoring Monday!
Our Voyagers learn the
importance of mentoring
through crafts and activities.



Dance, Drama, Music!
Students end the summer
with an entertaining
performance and musical
theater production.

Summer Sports Sampler! Students
will participate in a variety of
summer sports including soccer,
basketball, croquet, badminton,
field hockey, and more...



SUMMER SESSION: June 17 - August 30

(11 Weeks, Closed July 4 and 5)

Explorers: Students age 3-5

Half Days (4 hours) 9:00-1:00pm:

3 Days: \$85 Weekly - \$300 4 Week Package

4 Days: \$90 Weekly - \$325 4 Week Package

5 Days: \$95 Weekly - \$350 4 Week Package

Semi-full Day (5-7 hours) 8:30am-3:30pm:

2 Days: \$90 Weekly - \$325 4 Week Package

3 Days: \$110 Weekly - \$400 4 Week Package

4 Days: \$130 Weekly - \$475 4 Week Package

5 Days: \$150 Weekly - \$550 4 Week Package

Full Day, (8-10 hours) 7:00am-5:00pm:

2 Days: \$125 Weekly - \$400 4 Week Package

3 Days: \$150 Weekly - \$500 4 Week Package

4 Days: \$175 Weekly - \$600 4 Week Package

5 Days: \$200 Weekly - \$700 4 Week Package

Voyagers: Students age 6-12

Half Day (4 hours) 9:00-1:00pm:

3 Days: \$70 Weekly - \$250 4 Week Package

4 Days: \$75 Weekly - \$275 4 Week Package

5 Days: \$80 Weekly - \$300 4 Week Package

Semi-full Day (5-7 hours) 8:30am-3:30pm:

2 Days: \$75 Weekly - \$275 4 Week Package

3 Days: \$95 Weekly - \$350 4 Week Package

4 Days: \$115 Weekly - \$425 4 Week Package

5 Days: \$135 Weekly - \$500 4 Week Package

Full Day, (8-10 hours) 7:00am-5:00pm:

2 Days: \$100 Weekly - \$300 4 Week Package

3 Days: \$125 Weekly - \$400 4 Week Package

4 Days: \$150 Weekly - \$500 4 Week Package

5 Days: \$175 Weekly - \$600 4 Week Package

**Summer Special! Ages 6-12, 1st grade up:
11 Week Full-Day Package, \$1,000, if paid by June 15.**

Payments Due: Between the 1st and the 5th of the month for weeks attending during that month. June payments can be made on the first day of student attendance in June.

Sibling Discount: 10% off total tuition. (Does not apply to \$1,000 full summer special)

Payments: (reference student name) Payable to SHINE by check, Credit Card (3% fee),

PayPal: shinepreschoolbend@gmail.com, Venmo: Kerri Ellis@shine-bend

(If mailing checks or bank Bill Pay, to: SHINE, PO Box 7259, Bend, OR, 97708)

Please ensure forms are mailed at least 10 days prior to start date to ensure registration and email confirmation. Forms can be completed and emailed to shinepreschoolbend@gmail.com. All field trips are subject to change, some require an additional fee for attendance. Field trip schedules/permission slips are released at the beginning of each month.

Each day students will need a snack (AM and PM snack for full-day students please), lunch, and water bottle. Please mark your child's belongings with a name. We are excited for summer!

SUMMER 2019 REGISTRATION FORM

ENROLLMENT: Half-Day Semi-Full Day Full-Day

DAYS ATTENDING: Monday Tuesday Wednesday Thursday Friday

WEEKS ATTENDING: June 17-21 June 24-28 July 1-3 July 8-12 July 15-19

July 22-26 July 29-Aug. 2 Aug. 5-9 Aug. 12-16 Aug. 19-23 Aug. 26-30

AMOUNT PAID: _____

SHINE Performing Arts SUMMER 2019 REGISTRATION		
APPLICANT INFORMATION		
Student Information		
Child's Full Name		
Date of Birth	Age	Gender

Contact Information (Please Print)

Mailing Address

Street:	City	State	Zip Code
Home Phone		Primary Email	
Mother/Guardian		Cell Phone	
Place of Work and phone			
Father/Guardian		Cell Phone	
Place of Work And phone			

Emergency Contact (Please Print)

Name	Home Phone
Relationship to Student	Cell Phone
Parent Signature:	Date:

Picture and Video Release: I give my permission for my child's photo, and videos that my child appears in, to be used by the preschool staff and shared via informational brochures, Facebook, and preschool newsletters.

Parent Signature: _____

Dismissal Authorization (Please Print)

The following individuals are authorized to pick up from school. (Including primary care taker)		
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone

Medical Release

I (We) the undersigned, parent or legal guardian of _____, a minor, do hereby give authorization and consent to SHINE Performing Arts Preschool to seek medical treatment in case of a sudden illness, accident or an emergency. We will make every attempt to contact the parent or guardian immediately

I (We) will assume the responsibility to the expenses incurred by such treatment.

Student's Name (print)		D.O.B. / /	
Insurance Company	Insurer's Name	Policy Number	Group No.
Physician's Name	Location of offices	Phone	
Preferred Hospital		Location of Hospital	

I (We) do not hold the above named, SHINE Performing Arts Preschool and Kindergarten or staff members liable or responsible for any action taken in the case of an emergency for the care of my (our) child.

Signature _____ Date _____

Signature _____ Date _____

This form must have two signatures. If the child is in the custody of one parent or guardian, please indicate.

Release for Restroom Help (optional)

I (We) the undersigned, parent or legal guardian of _____, a minor, do hereby give authorization and consent to SHINE Performing Arts Preschool and staff members, to help my child in the restroom when needed. By signing this agreement, I hereby release from liability, and agree not to sue, SHINE Performing Arts Preschool or their employees.

Signature _____ Date _____

Signature _____ Date _____

Medical Concerns

Allergies	Medical Concerns	Physical limitations

Does your child nap? _____ Nap duration and comments: _____

- I would like my child to sleep during quiet time, 1:30-3:00pm.
- I would like my child to rest in the quiet room with a book. (30 minutes)
- My child has my permission to watch a learning video for quiet time. (30 minutes)

Additional Comments/Information:

