

Serving Honoring Inspiring Nurturing Educating



SHINE

Christian Preschool & Kindergarten
Performing Arts & Education

2265 NW Shevlin Park Road,
Bend, Oregon 541-213-3023
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Bend, Oregon, 97708
shinepreschoolbend@gmail.com

Preschool/Kindergarten Registration Packet School Session 2020-2021

- 5 Day Academic Program - Core Curriculum Days: Tuesday, Wednesday, Thursday
- * Enrolling Students Ages 3-6
- * Daily Movement/Music Class
- * Educational Learning Environment
- * School Year: September 8 - June 18 (37 weeks)
- * 2 Performances Per School Year
- * Specializing in Performing Arts and Education

School Closures: Veteran's Day 9/11, Thanksgiving Break 11/25-27, Christmas Break 12/21-1/1, MLK Jr. Day 1/18, President's Day 2/15, Spring Break 3/22-26, Memorial Day 5/31

Tuition and Fees:

Monthly Tuition (Paid September – June, Due the 1st, no later than the 5th of each month)

Annual Registration Fee: \$50.00 (Due at time of registration)

Annual Supplies Fee: \$150.00 (Due July 1, Includes: curriculum, classroom, craft supplies)

Annual Costume Fee: \$50 (Due July, 1, Includes: performance wear and ballet shoes)

Discounts:

Sibling Discount - 10% off second, 20% off third child.

5 Month Tuition Payment - 3% discount off the total payment

10 or 12 Month Payment - 7% discount off the total payment

(Discounts do not apply to registration fee, curriculum/supplies fee, or costume fee)

Half Day Core, 8:30-11:45 (Kindergarten 8:30-1:30)

\$300 - 3 Half Days (\$8.25 hourly)

\$400 - 4 Half Days (\$8.25 hourly)

\$500 - 5 Half days (\$8.25 hourly)

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

\$500 - 2 Full Days (\$6.75 hourly)

\$600 - 3 Full Days (\$5.50 hourly)

\$700 - 4 Full Days (\$4.75 hourly)

\$800 - 5 Full Days (\$4.25 hourly)

Semi-full Day (5-7 hours) 8:00-3:00 or 8:30-3:30:

\$400 - 2 Semi-Full Days (\$7.50 hourly)

\$500 - 3 Semi-Full Days (\$6.25 hourly)

\$600 - 4 Semi-Full Days (\$5.75 hourly)

\$700 - 5 Semi-Full Days (\$5.25 hourly)

Enrichment Class Add-On: Pick-Up at 1:15pm

\$50 A MONTH- add 1 class per week

\$75 A MONTH- add 2 classes per week

\$100 A MONTH- add 3 classes per week

**Hourly rate based on 37 week school year.
12 month students continue monthly payment
schedule for 2 extra weeks at no additional cost.

Students registered for semi/full day hours attend
enrichment classes at no additional charge.
(Add 4 or 5 days: add \$100 to half-day tuition)

Please Select Days/Class: Half Days Semi- Full Days Full Days

Days/Time Attending: _____

Enrichment Class: Monday___ Tuesday___ Wednesday___ Thursday___ Friday___

Preschool: Early 3's Preschool: 3/4 yrs Preschool: 4/5 yrs

Pre-Kindergarten: 4/5 yrs Kindergarten: 5/6 yrs

SHINE Performing Arts Preschool
2020-2021 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 and Kindergarten 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:
