



## 2022-2023 Registration Form

Students Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please mark next to the days and times that you would like to enroll in.

*\*First months payment due at time of registration.*

Preschool (9:00AM-11:30AM)	Resident (Monthly Payment)	Non Resident (Monthly Payment)
Monday & Wednesday	\$157	\$163
Tuesday & Thursday	\$168	\$174
Morning Care (7:30AM-9:00AM)	Resident (Monthly Payment)	Non Resident (Monthly Payment)
Monday & Wednesday	\$74	\$80
Tuesday & Thursday	\$80	\$86
After Care (11:30:AM – 5:30PM)	Resident (Monthly Payment)	Non Resident (Monthly Payment)
Monday & Wednesday	\$139	\$145
Tuesday & Thursday	\$150	\$156
*You may only sign up for before/after care on the days your child is enrolled in Preschool.		

\*Monthly payments are based on the amount of days in the school year divided by the months we are in school. (Sept—May)\*

Automatic payments are required Payments are taken out on the first of each month. Your card will be stored on your account file. You may pay with cash/check prior to the first of the month to avoid auto payment.

*\*Please note: There may only be 3 changes to your account per school year. Changes include day of the week. Changes and or cancellation must be a written request made a minimum of 2 weeks before the 1st of the following month to be eligible for a refund.*

**OFFICE USE ONLY:**  
 Change 1: Date \_\_\_\_\_ Change 2: Date \_\_\_\_\_ Change 3: Date \_\_\_\_\_



PLEASE READ THIS INFORMATION CAREFULLY, FOLLOW THESE GUIDELINES, AND INITIAL NEXT TO EACH STATEMENT

\_\_\_ I am responsible for all fees accumulated as a result of my child's participation in the City of Medford Discovery Preschool.

\_\_\_ I am aware that payment is due the first of the month. If payment is not received your child will not be able to attend until balance is paid.

\_\_\_ A written request must be received for refunds. Changes and or cancellations must be made a minimum of 2 weeks before the 1st of the following month to be eligible for a refund.

\_\_\_ A \$1.00 per minute late fee will be applied for pick-up past the five minute grace period.

\_\_\_ In case of a minor injury, I hereby authorize a Discovery Preschool staff to administer basic first aid to my child.

\_\_\_ In case of sickness or accident, I hereby authorize the City of Medford Staff to secure medical attention including transportation, for my child if unable to communicate with me. I understand that participants in City of Medford programs are not covered by medical, dental or accident insurance. Each participant must furnish his/her own personal coverage.

\_\_\_ To the best of my knowledge, my child is free of any potential health problems not listed on the contact card which might restrict his/her participation, or any communicable disease, which may endanger other children. My child's contact form us up to date.

\_\_\_ I am aware that my child MUST be potty trained.

CHILD'S NAME: \_\_\_\_\_ PARENT'S NAME (Please Print) : \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_