



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-12:00PM)	Resident (Monthly Payment)	Non Resident (Monthly Payment)
2 Day—Tuesday/Thursday	\$185	\$191
3 Day— Monday/Wednesday/Friday	\$255	\$261
Morning Care (7:30AM-9:00AM)	Resident (Monthly Payment)	Non Resident (Monthly Payment)
2 Day—Tuesday/Thursday	\$80	\$86
3 Day— Monday/Wednesday/Friday	\$108	\$114
After Care (12:00PM – 5:30PM)	Resident (Monthly Payment)	Non Resident (Monthly Payment)
2 Day—Tuesday/Thursday	\$150	\$156
3 Day— Monday/Wednesday/Friday	\$206	\$212
*You may only sign up for before/after care on the days your child is enrolled in Preschool.		

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.

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

**Please note: There may only be 3 changes to your account per school year. Changes include day of the week, additions or exclusions of before care and or aftercare. 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: _____