SOUTH HAVEN CHRISTIAN PRESCHOOL AND DAYCARE

**114 Academy Drive • Springfield, Tennessee 37172 • 615-384-5073**

**www.shbcpreschool.org**

**Mrs. Cynthia Hernandez, Daycare**

**Mrs. Alisha Ray, Preschool**

**Parent’s or Guardian’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent’s or Guardian’s Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Street City Zip Code

**Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work # Dad: \_\_\_\_\_\_\_\_\_\_\_\_ Work # Mom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # Dad: \_\_\_\_\_\_\_\_\_\_\_\_\_ Cell # Mom: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Additional Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birth Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please list all siblings currently enrolled at South Haven:­­­** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**REGISTRATION FEE: $50.00 per child (one-time fee)**

**SUPPLY FEE: Infants $25.00 (one-time fee)**

**CURRICULUM FEE: 1-3 year olds $35.00 (payable annually in August)**

**K-4 $60.00 (payable in August)**

**COT FEE (1 Year Olds and Up) $25.00 (one-time fee)**

**WEEKLY TUITION (per child):**

**Infant Class $180.00 2 Year Class $150.00**

**Young 1’s Class $155.00 3 Year Class $145.00**

**1 Year Class $155.00 4 Year Class $140.00**

**Weekly Amount $\_\_\_\_\_\_\_\_\_\_**

Tuition is due on Monday and paid using automatic withdrawal from checking or savings account. Any payment not made on Monday will be considered late and a $25.00 late fee will be assessed to the account.

I/We understand and agree to the financial arrangements that are stated on this application and finance policy. I/We will faithfully fulfill our commitment in a timely manner. Please note that the financial arrangements set forth are not official until signed by the director/administrator or their assignee. Any changes to the financial policies or tuition rates of SHCP will also affect this agreement in the same manner. Thank you for considering South Haven Christian Preschool and Daycare!

Father’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Office Only*

Tour Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Expected Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Start Date: \_\_\_\_\_\_\_\_\_\_\_\_

Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Director’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_