



**Good Shepherd Preschool at
OUR LADY OF FATIMA SCHOOL
2016-2017 Tuition Contract**

PARENTS/GUARDIANS: _____
(please print)

Street Address: _____

City, State, ZIP Code: _____

Phone(s): _____

Email(s): _____

STUDENT 1: _____ Preschool: ___ Pre-K: ___

Allergies/Health Information: _____

STUDENT 2: _____ Preschool: ___ Pre-K: ___

Allergies/Health Information: _____

FAMILY PHYSICIAN: _____ Phone: _____

EMERGENCY CONTACT: _____ Phone: _____

PLEASE FILL OUT BOTH SIDES

PRESCHOOL POLICIES. Please initial your agreement with each:

_____ To be considered for admission to Good Shepherd Preschool, **a child must be 3-5 years of age by August 31st, and “toilet independent.”**

_____ A **Certificate of Immunization is required** before the child’s first day of attendance. Forms are available in the school office or online on the Preschool’s website.

_____ **Children who are vomiting or have diarrhea will be sent home.** If my child has a fever or is exhibiting other symptoms, he or she will not return to school until symptom-free and his/her temperature has remained normal for 24 hours without medication.

_____ **In case of emergency,** I give permission for Good Shepherd Preschool staff or volunteers to seek medical attention for my child in the event I cannot be contacted.

_____ I hereby give permission for my child(ren) named above to be **photographed and/or videotaped** at Good Shepherd Preschool. I also give permission for any photograph to be published in the newspaper, magazine, parish website, or other associated publication relating to the programs at Good Shepherd Preschool and Our Lady of Fatima School and Parish.

_____ I understand that enrollment in the Good Shepherd Preschool is **not a guarantee** of admission into kindergarten at Our Lady of Fatima School.

PRESCHOOL TUITION:

Number of Days per Week	Yearly Tuition (Sept.- June)	Total Due
2-3	\$4,000	
4	\$5,000	
5	\$6,000	

PAYMENT OPTIONS. Please go to <https://online.factsmgt.com/signin/4C95K> to sign up for FACTS online tuition management. Please initial your choice, below:

_____ One payment in full through FACTS in June, July, August or September 2016..

_____ 12 monthly payments through FACTS beginning in June 2016.

Signature of Financially Responsible Parent/Guardian

Date

PLEASE FILL OUT BOTH SIDES