



Schedule of Fees 2016-2017

21065 SW Stafford Rd. Tualatin, OR 97062
Phone:(503) 638-8765 Fax:(503) 638-6316

Director: Elizabeth Rollins
elizabeth@staffordacademy.org

Annual Registration & Tuition Rates:

Registration and class fees are annual and non – refundable fees assessed for each student and are established to reserve classroom placement and to help cover the cost of participation in the Stafford Academy program.

Registration: (Due when application is submitted)

Daycare, Preschool and Pre – K	\$225.00
Kindergarten, First and Second Grade	\$325.00

Tuition Rates:

Preschool (2 ½ and 3's class)

2 ½ year olds (Ratio 1 to 5)	\$2,600.00
	\$260.00/ month Jul-Apr
3 Year olds	\$2,425.00 or
2 days/wk (Tuesday & Thursday 8:45am – 11:45am)	\$242.50/ month Jul-Apr

Preschool (3 ½ and 4's class)

3 days/wk (Monday, Wednesday, Friday 8:45am – 11:45am)	\$2,825.00 or
	\$282.50/ month Jul-Apr

Pre – Kindergarten

4 days/wk Half Day (8:45am – 11:45am)	\$3,580.00 or
	\$358.00/ month Jul-Apr

Pre – Kindergarten

5 days/wk Half Day (8:45am – 11:45am)	\$4025.00 or
	\$402.50/ month Jul-Apr

Kindergarten

5 days/wk Half Day (8:45am – 11:45am)	\$4,300.00 or
	\$430.00/ month Jul-Apr

Kindergarten

5 days/wk Full Day (8:45am – 3:15pm)	\$5,400.00 or
	\$540.00/ month Jul-Apr

First/ Second Grade

Days/wk Full Day (8:45am – 3:15pm)	\$5,900.00 or
	\$590.00/ month Jul-Apr

Discounts:

Multi student: Families enrolling multiple students from the same household will receive 15% off second student tuition.

Field Trips:

Pre Registration	\$5.00
Registering day of event	\$7.00

* Students enrolling after school begins will be charged on a prorated basis. Availability of all classes is subject to enrollment.



Schedule of Fees 2016-2017

Director:
Elizabeth Rollins
Our Hours:
8:00am - 5:15pm

Application Fee:
\$225.00

Discounts:
15% off
2nd child tuition

Field Trips:
(each field trip registered for)
Pre- registration..... \$5.00
Registering day
of the event..... \$7.00

Preschool Care

(All programs include preschool ages 2 1/2 and older)

Full Time Child Care..... \$820.00 per month
(Five days a week, a minimum of 5 hours per day.)

Part Time Full Day Child Care Options

4 full days per week..... \$750.00 per month
3 full days per week..... \$645.00 per month
2 full days per week..... \$460.00 per month

Part Time Half Day Child Care Options

5 half days per week..... \$645.00 per month
4 half days per week..... \$530.00 per month
3 half days per week..... \$400.00 per month
2 half days per week..... \$285.00 per month

Extra Day Rate..... \$55.00 per day
(Please send in request ahead of time)

Full Time Child Care..... 8:00am - 5:15pm

Half Time Child Care..... 11:45am - 5:15pm

School Care

After School (2 hours or less)

5 days..... \$315.00 per month
3 days..... \$189.00 per month
2 days..... \$126.00 per month

Holiday Breaks and Teacher in - service days (are additional)

Monthly students..... \$45.00 per day
Hourly students..... \$58.00 per day
Hourly Rate Under 5 hours..... \$8.00 per hour

Stafford Academy Financial Policy
All payments are due by the first of each month.
Any payments received after the 10th are past due, and a late fee of \$25.00 will be assessed



2016-2017 Financial Policy

Your registration at Stafford Academy is viewed as an annual commitment for the entire year. Decisions regarding staffing, room assignments, curriculum, and equipment purchases are projected on the basis of annual enrollment. As a result, the following financial policies have been put into place. Please read and note them carefully. If you have questions, please contact the school office for clarification.

Fees & Payments:

- Non-refundable registration and class fees are due and payable when the application is submitted.
- All tuition is charged on an annual basis.
- A tuition discount will be given if paid in full by July 1st.
- Tuition payments may be made on a 10-month basis and are due on the 1st day of the month. Payments begin July 1st, with the final payment due April 1st.
- A late fee of \$25.00 will be added for any student account not paid in full by the 10th of each month.
- For students enrolling after July 10th, the first prorated payment for that month is due immediately, with the remaining payments due as stated above.
- Please make your checks payable to **Stafford Academy**. Payments can be dropped off in the school office or mailed to Stafford Academy, P.O. Box 2000, Wilsonville, Oregon 97070. Your envelope may be marked **“Attention: Stafford Academy.”** **Please do not offer tuition payments to staff members or send in backpacks.**
- A \$25.00 return check charge will be assessed if you check is returned for any reason. This is a charge in addition to any late fees that might be incurred.

Withdrawal/Reinstatement:

As stated above, tuition is an annual fee assessed to enroll each student. In the case of withdrawal of a student before the end of the school year, the entire payment of the month they withdraw will be owed in full. In addition, **the following withdrawal fees will be assessed; \$300.00 for Kindergarten, \$250.00 for Pre-K, and \$200.00 for Preschool.** We understand that from time to time financial circumstances necessitate special arrangements. Please call the School office by the 1st of the month if you anticipate difficulty in making a timely payment. Stafford Academy reserves the right to revoke any special monthly arrangement with 30 days prior notice. A student may be discharged from school if payments are more than 30 days in arrears. Reinstatement will be considered on a case-by-case basis by the administration and/or the school board. A reinstatement fee of \$50.00 will be charged per occurrence.

Signature of Parent/Guardian _____ Date _____



2016-2017 School Year
 21065 SW Stafford Rd.
 Tualatin, OR 97062
 (503) 638-8765
www.staffordacademy.org

Registration Form

Class Requested: Please note the child must have turned the appropriate age by September 1st

Please check:

- Preschool - 2 1/2 yr old class
 Preschool-3's class
 Preschool - 4's class
 4-Day Pre-K (Half Day)
 Kindergarten (Half/ Full)
 First Grade
 Second Grade

Student Information

Starting Date:

Last Name:	First Name:	Middle Initial:
Name child goes by:		Grade:
Date of Birth:	Age:	Sex: M F

Parent Information

Billing Address:	City:	State/Zip:
Father's Last Name:	First Name	Middle Initial:
Email Address:		
Home Phone: ()	Mobile Phone: ()	Work Phone: ()
Home Address:	City:	State/Zip:
Employer:	Occupation:	
Work Address:	City:	State/Zip:
Student lives with: ()Yes ()No	This parent is responsible for the billing: ()Yes ()No	

Mother's Last Name:	First Name	Middle Initial:
Email Address:		
Home Phone: ()	Mobile Phone: ()	Work Phone: ()
Home Address:	City:	State/Zip:
Employer:	Occupation:	
Work Address:	City:	State/Zip:
Student lives with: ()Yes ()No	This parent is responsible for the billing: ()Yes ()No	

Health Information:

Family Physician:	Phone#:()
Address:	City: State/Zip:
Health Care Insurance:	Policy #:
Family Dentist:	Phone#:()
Address:	City: State/Zip:
Dental Care Insurance:	Policy #:

Contact

In the event that we need to contact you, who would you prefer we contact first?	
Name:	Phone#:

Emergency Contacts

In the event of sudden illness or an emergency and the parent or legal guardian cannot be reached please call:	
1. Name:	Day Phone #: ()
2. Name	Day Phone #: ()

Other Information:

Family Church Affiliation:	Pastor:
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Stafford Academy has my permission to call an ambulance for my child in case of an emergency or transport my child to the hospital. I understand this will be at my expense.

Signed by parent or legal guardian:

Are there any factors in your child's life such as an absent parent, family illness, unusual addictions, serious illness, a parent with limited visitation rights, handicap,hyperactivity or severe behavior problems?

Does your child have any diagnosed or suspected learning disabilities or special educational requirements? ()Yes ()No

Is your child taking any medications? If so, name of the medication(s) and dosage:

Does your child have any allergies or medical conditions we need to be aware of? ()Yes ()No

Do we have permission to display photographs of your child on our website, facebook, as well as on flyers? ()Yes ()No

Do we have your permission to treat any minor abrasions or cuts with wound cleaner and bandages?
()Yes ()No

Statement of Confidentiality:

All information will be handled with confidentiality. Stafford Academy is a ministry of Neighborhood Church.

Please read the following statements carefully and sign below.

1. Stafford academy has permission to take my child on pre-announced field trips in church or staff owned vehicles.
2. I authorize the Stafford Academy staff to seek medical attention for my child in the event of sudden illness or accident.
3. I understand the financial policies explained in the Stafford Academy Handbook and I understand that I am responsible to give two weeks notice on the withdrawal form provided by Stafford Academy.
4. Persons listed as emergency contacts have my permission to take my child off campus if needed because of illness, injury, or other unusual circumstance.

_____ **Yes, I have read the Stafford Academy Handbook and agree to abide by all the policies there-in.**

Parent/Legal Guardian Signature:

Date:
