



## Schedule of Fees 2017-2018

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### **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)	\$2,730.00
	\$273.00/ month Jul-Apr
3 Year olds	\$2,550.00 or
2 days/wk (Tuesday & Thursday 8:45am – 11:45am)	\$255.00/ month Jul-Apr

##### **Preschool (3 ½ and 4's class)**

3 days/wk (Monday, Wednesday, Friday 8:45am – 11:45am)	\$2,970.00 or
	\$297.00/ month Jul-Apr

##### **Pre – Kindergarten**

4 days/wk Half Day (8:45am – 11:45am)	\$3,760.00 or
	\$376.00/ month Jul-Apr

##### **Pre – Kindergarten**

5 days/wk Half Day (8:45am – 11:45am)	\$4,230.00 or
	\$423.00/ month Jul-Apr

##### **Kindergarten**

5 days/wk Half Day (8:45am – 11:45am)	\$4,520.00 or
	\$452.00/ month Jul-Apr

##### **Kindergarten**

5 days/wk Full Day (8:45am – 3:15pm)	\$5,670.00 or
	\$567.00/ month Jul-Apr

##### **Elementary**

Days/wk Full Day (8:45am – 3:15pm)	\$6,200.00 or
	\$620.00/ month Jul-Apr

#### **Discounts:**

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

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



# Schedule of Fees 2017-2018

## Preschool / Daycare

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

**Full Time Child Care**..... \$860.00 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..... \$785.00 per month  
3 full days per week..... \$675.00 per month  
2 full days per week..... \$485.00 per month

### Part Time Half Day Child Care Options

5 half days per week..... \$675.00 per month  
4 half days per week..... \$555.00 per month  
3 half days per week..... \$420.00 per month  
2 half days per week..... \$300.00 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** ..... 8:00am - 1:00pm

## School Care

**Hourly Rate / Stay and Play**..... \$8.00 per hour

**\*Note\*** \$1.00 per minute charge will be assessed  
if student is not picked up on time.

### 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.

**Director:**

Elizabeth Rollins

**Our Hours:**

8:00am - 5:15pm

**Registration Fee:**

\$225.00

**Renewal Fee:**

(Every September)

\$50.00

**Renewal Fee:**

\$100.00

For students who have been  
withdrawn for two months or more.

**Discounts:**

15% off

2nd child tuition



## 2017-2018 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 1<sup>st</sup>.
- Tuition payments may be made on a 10-month basis and are due on the 1<sup>st</sup> day of the month. Payments begin July 1<sup>st</sup>, with the final payment due April 1<sup>st</sup>.
- A late fee of \$25.00 will be added for any student account not paid in full by the 10<sup>th</sup> of each month.
- For students enrolling after July 10<sup>th</sup>, the first prorated payment for that month is due immediately, with the remaining payments due as stated above.
- For Students enrolling after July 1<sup>st</sup>, and the beginning of our 10 month billing cycle, tuition will be prorated for the remaining months of our 10 month billing cycle.
- For Preschool/Daycare monthly tuition is due on the 1<sup>st</sup> of the month and is year round beginning the month you enroll your student.
- 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/Elementary grades, \$250.00 for Pre-K, and \$200.00 for Preschool/Daycare.** We understand that from time to time financial circumstances necessitate special arrangements. Please call the School office by the 1<sup>st</sup> 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 \_\_\_\_\_



## Registration Form

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

Please check:		
<input type="checkbox"/> Preschool - 2 1/2 yr old class	<input type="checkbox"/> Preschool-3's class	<input type="checkbox"/> Preschool - 4's class
<input type="checkbox"/> 4-Day Pre-K ( Half Day)	<input type="checkbox"/> 5 - Day Pre -K ( Half Day)	<input type="checkbox"/> Kindergarten Half or Full
<input type="checkbox"/> First Grade	<input type="checkbox"/> Second Grade	<input type="checkbox"/> Third 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:
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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:
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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?
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Does your child have any diagnosed or suspected learning disabilities or special educational requirements? ( )Yes ( )No
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Is your child taking any medications? If so, name of the medication(s) and dosage:
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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 withdrawl 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:** \_\_\_\_\_