



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

## Schedule of Fees 2020-2021

Director: Elizabeth Guier  
[elizabeth@staffordacademy.org](mailto: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, Elementary	\$325.00

#### **Tuition Rates:**

<b>Preschool</b> (2 ½ and 3's class)	\$3,000.00 or
2 ½ year olds (Ratio 1 to 5)	\$300.00/ month Jul-Apr

3 Year olds	\$2,800.00 or
2 days/wk (Tuesday & Thursday 8:45am – 11:45am)	\$280.00/ month Jul-Apr

<b>Preschool</b> (3 ½ and 4's class)	\$3,270.00 or
3 days/wk (Monday, Wednesday, Friday 8:45am – 11:45am)	\$327.00/ month Jul-Apr

<b>Pre – Kindergarten</b>	\$4,140.00 or
4 days/wk Half Day (8:45am – 11:45am)	\$414.00/ month Jul-Apr

<b>Pre – Kindergarten</b>	\$4,600.00 or
5 days/wk Half Day (8:45am – 11:45am)	\$460.00/ month Jul-Apr

<b>Kindergarten/Elementary</b>	\$5,000.00 or
5 days/wk Half Day (8:45am – 11:45am)	\$500.00/ month Jul-Apr

<b>Kindergarten/Elementary</b>	\$6,200.00 or
5 days/wk Full Day (8:45am – 3:15pm)	\$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 2020-2021

## Preschool / Daycare

(All programs include preschool / daycare ages 2 1/2 and older)  
All tuition prices listed below are based on monthly payments.

**Director:**  
Elizabeth Guier  
**Our Hours:**  
7:30am - 5:30pm

**Registration Fee:**  
\$225.00

**Renewal Fee:**  
\$75.00  
Due with Registration Packet  
by May 31st for following  
school year

**Discounts:**  
15% off  
2nd child tuition

**Full Time Child Care**.....  
( Five days a week, a minimum of 5 hours per day.)

3 years old & up	2 1/2 Year old
\$895.00	\$1,085.00

**Part Time Full Day Child Care Options**

4 full days per week.....  
3 full days per week.....  
2 full days per week.....

\$835.00	\$995.00
\$735.00	\$875.00
\$565.00	\$675.00

**Part Time Half Day Child Care Options**

5 half days per week.....  
4 half days per week.....  
3 half days per week.....  
  
2 half days per week.....

\$735.00	\$880.00
\$630.00	\$755.00
\$495.00	\$595.00

\$385.00	\$465.00
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**Extra Day Rate**.....  
(Please send in request ahead of time)

\$75.00	\$85.00
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**Full Time Child Care**..... 7:30am - 5:30pm

**Half Time Child Care** ..... 7:30am - 1:00pm

- \* Student ratio for 2 ½ year olds 1 teacher per 5 students
- \* Student ratio for 3 year olds & up 1 teacher per 10 students

## School Care

**Hourly Rate / Stay and Play**..... \$12.00 per hour

**\*Note\*** \$2.00 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 \$35.00 will be assessed.

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.
- Tuition payments are billed 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 tuition discount will be given if paid in full by August 1<sup>st</sup>, or for those who register after August 1<sup>st</sup> and pay in full within 5 business days.
- Multiple student discounts will be given as follows for children in the same family: full price for the student in the highest grade, 15% off tuition for the student in the next highest grade, and as follows.
- From time to time there may be nominal fees charged for field trips and other school activities.
- A late fee of \$35.00 will be added for any student account not paid in full by the 10<sup>th</sup> of each month. A payment must be placed in the drop box in the office by 5:30pm by the 10<sup>th</sup> of the 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.
- Please make your checks payable to **Stafford Academy**. Payments can be dropped off in the school office. A drop box will be available for use in the Front Office between the hours of operation, 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 \$35.00 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 for the first offense. Second offense a \$50 fee will be assessed, if three or more occurrences arise, we will no longer be able to accept checks as form of payments. We will require a cashier's check or cash for further payments.

### Early Withdrawal

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; \$350.00 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 \_\_\_\_\_

Your registration at Stafford Academy is viewed as an annual commitment for the duration of a year. Decisions regarding staffing, room assignments, curriculum, and equipment purchases are projected on the basis of annual enrollment. Stafford Academy must also meet state requirements for teacher/student ratios. 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 a monthly basis beginning the month that you enroll.
- The first month that you enroll may be prorated based on the day that your student begins.
- A tuition discount will be given if paid in full for the year by the end of the month your child is enrolled.
- Multiple student discounts will be given as follows for children in the same family: full price for the student in the highest grade, 15% off tuition for the student in the next highest grade, and as follows.
- From time to time there may be nominal fees charged for field trips and other school activities.
- 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.
- A late fee of \$35.00 will be added for any student account not paid in full by the 10<sup>th</sup> of each month.
- In order to staff correctly any changes in status must be given in writing two weeks prior to the changes requested and will be changed based on enrollment and availability to make the needed change.
- If you withdraw or are inactive for two months or more and choose to re-enroll the full registration fee will reapply.
- A renewal registration fee of \$75.00 will be assessed every May.
- Stafford Academy is open from 7:30am – 5:30pm a \$1.50 per minute charge will be assessed for any child remaining at school past the allotted time.
- Families may have one week total of vacation credit toward their monthly billing per 12 month billing cycle. A two week notice must be submitted in writing and approved by the Director.
- Please make your checks payable to **Stafford Academy**. Payments can be dropped off in the school office. A drop box will be available for use in the Front Office between the hours of operation, 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 \$35.00 return check charge will be assessed if your check is returned for any reason. This is a charge in addition to any late fees that might be incurred.

### **Early Withdrawal**

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 year, the entire payment of the month they withdraw will be owed in full. In addition, **the following withdrawal fees will be assessed; \$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 two weeks 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"/> Daycare	<input type="checkbox"/> Elementary	

### 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

Do we have permission to share your phone number or email address with other school families?  
( )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 that is located on the Stafford Academy website and I understand that I am responsible to give two weeks notice in writing via email.
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:**

**Student Pick-Up Permission List****2020-2021**

Last name:	First:	Middle Initial:
Name Student goes by:	Date of Birth:	Sex: M F
Home Phone:( )	Dad cell: ( )	Mom Cell:( )
Home Address:	City / Zip:	
Names of brothers/sisters at Stafford Academy:		
Father:	Employer:	Work #:( )
Mother:	Employer:	Work #:( )
Insurance Carrier:	Policy #:	
Food or Drug Allergies:		
Emergency Contacts:	1. Name:	Day Phone:( )
	2. Name:	Day Phone:( )

**Student Pick-Up Permission List****2020-2021**

Student name:		
<p>The following people permission to pick up my child from Stafford Academy  I understand that it is my responsibility to notify the school ahead of time if someone other than the  persons named below are to pick up my child.</p>		
Name:	Relationship:	Day Phone:( )
Name:	Relationship:	Day Phone:( )
Name:	Relationship:	Day Phone:( )
Name:	Relationship:	Day Phone:( )
Name:	Relationship:	Day Phone:( )
Signature of Parent of Legal Guardian:		
Dated:	Date Revised:	Date Revised:



# Emergency Consent Form

If your child needs emergency medical care and you aren't available to give formal consent to medical authorities, care may be unnecessarily delayed. To protect your child, leave a completed EMERGENCY CONSENT FORM with your baby-sitter, day care center or temporary guardian.

In the event of a medical emergency, the form should accompany you child to the hospital.

I/we hereby authorize Stafford Academy to give consent for all medical and/or surgical treatment that may be required for our child/children during our absence from (date) \_\_\_\_\_ until (date) \_\_\_\_\_.

Child's Full Name	D.O.B.	Chronic Illnesses	Allergies	Current Medications	Last Tetanus Immunization

Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Home address of parent/guardian: \_\_\_\_\_

Telephone number of parent/guardian: \_\_\_\_\_

Employer: \_\_\_\_\_ Telephone: \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Member No.: \_\_\_\_\_ Group No.: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Policy Holder Date of Birth: \_\_\_\_\_

Emergency contact (other than parent/guardian): \_\_\_\_\_ Telephone: \_\_\_\_\_

Signed (parent/guardian): \_\_\_\_\_ Date: \_\_\_\_\_



### **Photo Permission Slip**

From time to time, we take photos during school activities. We would like your permission to use these photos on the Stafford Academy/ Neighborhood Church website, school facebook page, in newsletters, the school directory, class books and/ or on our bulletin boards.

Please take a moment to let us know your preferences regarding our use of photos of your child:

\_\_\_\_\_ **YES** I grant my permission to take and use photos of my child(ren).

#### **Please check all areas you give us permission to use photos for:**

- Stafford Academy/ Neighborhood Church Website
- Stafford Academy/ Neighborhood Church Social Media
- Newsletters
- Class books/ Activities
- Bulletin Boards

**OR**

\_\_\_\_\_ **NO.** Please do not take or use any photos of my child.

Child(ren's) names (please print):

\_\_\_\_\_

Parent/ Guardian's Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_

Please list any specific concerns/ limitations below:

\_\_\_\_\_

\_\_\_\_\_



**STAFFORD**  
— **ACADEMY** —  
EDUCATION FOR LIFE

**On Campus Activities  
Permission Slip**

Stafford Academy students will from time to time participate in activities on or around campus. Example: Go on nature walks, walk down to the outdoor science classroom, wood working activities, feed the fish, water the plants, pick berries, go on scavenger hunts, play sports, sandbox, outdoor gardens etc. By signing this permission slip you are allowing your student(s) to participate in these and other activities outside of the building, but remaining on campus.

Child'd Name: \_\_\_\_\_ Class: \_\_\_\_\_

\_\_\_\_\_ Yes, I give my permission for my child to participate in the activities on or around campus.

Parent Name (Printed): \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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