



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

Schedule of Fees 2022-2023

Director: Elizabeth Guier
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:

Preschool (2 ½ and 3's class) 2 ½ year olds (Ratio 1 to 5)	\$3,100.00 or \$310.00/ month Jul-Apr
3 Year olds 2 days/wk (Tuesday & Thursday 8:45am – 11:45am)	\$2,900.00 or \$290.00/ month Jul-Apr
Preschool (3 ½ and 4's class) 3 days/wk (Monday, Wednesday, Friday 8:45am – 11:45am)	\$3,350.00 or \$335.00/ month Jul-Apr
Pre – Kindergarten 4 days/wk Half Day (8:45am – 11:45am)	\$4,250.00 or \$425.00/ month Jul-Apr
Kindergarten/Elementary 5 days/wk Full Day (8:45am – 3:15pm)	\$6,400.00 or \$640.00/ month Jul-Apr

Discounts:

Multi student: Families enrolling multiple students from the same household will receive 10% 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 2022-2023

Preschool / Daycare

Director:
Elizabeth Guier
Our Hours:
7:30am - 4:30pm

Registration Fee:
\$225.00

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

Discounts:
10% off
2nd child tuition

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

	3 years old & up	2 1/2 Year old
Full Time Child Care (Five days a week, a minimum of 5 hours per day.)	\$900.00	\$1,090.00

Part Time Full Day Child Care Options		
4 full days per week.....	\$840.00	\$1,000.00
3 full days per week.....	\$740.00	\$880.00
2 full days per week.....	\$575.00	\$685.00

Part Time Half Day Child Care Options		
5 half days per week.....	\$745.00	\$890.00
4 half days per week.....	\$640.00	\$800.00
3 half days per week.....	\$500.00	\$600.00

2 half days per week.....	\$395.00	\$475.00
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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..... 8:00am - 4:30pm

Half Time Child Care 8:00am - 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..... \$13.00 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 1st day of the month. Payments begin July 1st, with the final payment due April 1st.
- A tuition discount will be given if paid in full by August 1st, or for those who register after August 1st 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, 10% 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 10th of each month. A payment must be placed in the drop box in the office by 4:30pm by the 10th of the 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.
- For Students enrolling after July 1st, 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 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 _____



2022-2023 Financial Policy Daycare

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, 10% 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 1st 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 10th of each month. A payment must be placed in the drop box in the office by 4:30pm by the 10th of the 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 – 4:30pm a \$2.00 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.**
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STAFFORD —ACADEMY— EDUCATION FOR LIFE

2022-2023 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:		
<input type="checkbox"/> Preschool - 2 1/2 yr old class 8:45am-11:45am	<input type="checkbox"/> Preschool-3's class 8:45am-11:45am	<input type="checkbox"/> Preschool - 4's class 8:45am-11:45am
<input type="checkbox"/> 4-Day Pre-K (Half Day) 8:45am-11:45am	<input type="checkbox"/> Kindergarten Half or Full 8:45am - 11:45am/8:45am -3:15pm	<input type="checkbox"/> Elementary 8:45am-3:15pm
<input type="checkbox"/> Additional Extended Care hours M _____ TU _____ W _____ TH _____ F _____		

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:

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:
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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**2022-2023**

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**2022-2023**

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, Feed and pet live animals, 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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