



Scappoose Adventist School

2021 SUMMER PRESCHOOL
June 21 – August 19
Monday – Thursday

FINANCIAL AGREEMENT & FAMILY INFORMATION

STUDENTS
NAMES _____

Students must be at least 3 years old and potty-trained

FINANCIAL AGREEMENT			
Person Responsible for Payment of Students' Accounts		Social Security No. (Required)	Relationship to Student
Home Address		City, State, Zip	Home Phone
Date of Birth		Email Address	Cell Phone
Employer		Position	Work Phone
Work Address	City, State, Zip	Driver's License State	Driver's License No.
Other Person (if any) Responsible for Payment of Students' Accounts		Social Security No. (Required)	Relationship to Student
Home Address		City, State, Zip	Home Phone
Date of Birth		Email Address	Cell Phone
Employer		Position	Work Phone
Work Address	City, State, Zip	Driver's License State	Driver's License #

TUITIONS: *Registration Fee: \$50.00*

Preschool – 11 Weeks (Mark your choice below)

- () 4 Days per week - Full Day \$1,848.00
- () 2 Days per week - Full Day \$ 962.50
- () 4 Days per week - Half Day \$1,100.00
- () 2 Days per week - Half Day \$ 572.00

My signature below verifies that I/we agree to pay the Scappoose Adventist School bill for the above named student(s). I/we understand that I/we are responsible for the ending balance even if any additional assistance programs/funding does not come through or is not approved.

Signature _____ Date _____

Signature _____ Date _____

FAMILY INFORMATION – If there are any custody restrictions that impact your student, please inform us and attach legal documents.

Primary Parent/Guardian	Relationship to Student(s)	Receives Grades (circle) Yes No Receives Statement (circle) Yes No
Physical Address	Mailing Address (if different)	Family Email Address
Home Phone	Work Phone	Cell Phone
Secondary Parent/Guardian	Relationship to Student	Receives Grades (circle) Yes No Receives Statement (circle) Yes No
Home Address (if different)	City, State, Zip	Home Phone
Email Address	Work Phone	Cell Phone

EMERGENCY CONTACT/AUTHORIZED PICKUP LIST

Other Contact (optional)	Relationship to Student	Authorized to pick up child (circle) Yes No
Cell Phone	Home Phone	Work Phone
Other Contact (optional)	Relationship to Student	Authorized to pick up child (circle) Yes No
Cell Phone	Home Phone	Work Phone
Other Contact (optional)	Relationship to Student	Authorized to pick up child (circle) Yes No
Cell Phone	Home Phone	Work Phone
Other Contact (optional)	Relationship to Student	Authorized to pick up child (circle) Yes No
Cell Phone	Home Phone	Work Phone

SCHOOL PROMOTION

I recognize that school activities are often photographed and/or videotaped. These photos and videos may be used in the promotion of Scappoose Adventist School. I hereby give consent to the use of any photographs or videos of my children to be used in any school publication or for promotional activities.

Signed _____

Date _____

Immunization note: State law requires that all children in public and private schools, preschools, Head Start and certified child care facilities have up-to-date immunization, or have a religious or medical exemption. If a child at SAS is diagnosed with a vaccine-preventable disease, all SAS students who are not complete in their immunizations for that disease will be excluded from school during the incubation period of that disease. In this regard, please submit your student's immunization record with this application.

Signature _____

Date _____