

It's Re-Enrollment Time!

Preschool

If you are currently enrolled in our preschool, this is the time of year that we are opening enrollment for next school year. Since we have most of your child's forms in the office, we just need you to fill out the re-enrollment forms in order to make sure that your child has a spot available in our 2's, 3's or 4 year old classes for the 2024-2025 school year beginning in August. We filled up quickly last year so if you want a spot, be sure to turn your packet in as soon as possible.

If you are re-enrolling for the new school year, the registration fee is \$60.00. This guarantees your child's spot in our program.

Our teachers are looking forward to giving your child the best preschool experience!

OCS Preschool

Orangeburg Christian School

313 E. Orangeburg Avenue, Modesto, CA 95350

2024-2025 Preschool Tuition and Fee Schedule

<u>Registration:</u>	<i>Re-enroll</i>	<i>New</i>
	\$60.00	\$100.00

*Students entering OCS Preschool must be 2 years -6 years of age.

*An additional charge per month will be added for 2 years old not potty trained:

\$15 per month for those attending 2 or 3 days per week

\$20 per month for those attending 4 or 5 days per week

This cost covers gloves, paper sheets for changing table, and diaper pail holders. Parents are responsible for diapers and wipes.
(We have four programs available)

5% discount if year is paid in full

Program A-Full Day 7:00a.m.-6:00p.m.	1st Child	2nd Child	3rd Child
5 days	\$755.00	\$680.00	\$640.00
4 days	\$685.00	\$620.00	\$585.00
3 days	\$595.00	\$535.00	\$505.00
2 days	\$500.00	\$450.00	\$425.00

Program B ¾ Day 7:00a.m.-3:00p.m.	1st Child	2nd Child	3rd Child
5 days	\$700.00	\$630.00	\$595.00
4 days	\$630.00	\$570.00	\$535.00
3 days	\$540.00	\$590.00	\$460.00
2 days	\$435.00	\$495.00	\$370.00

Program C ½ Day 7:00a.m.-12:00 p.m.	1st Child	2nd Child	3rd Child
5 days	\$600.00	\$540.00	\$510.00
4 days	\$540.00	\$490.00	\$460.00
3 days	\$480.00	\$435.00	\$410.00
2 days	\$420.00	\$380.00	\$360.00

Program D Morning 8:30-11:30 am	1st Child	2nd Child	3rd Child
5 days	\$490.00	\$440.00	\$420.00
4 days	\$435.00	\$395.00	\$370.00
3 days	\$410.00	\$370.00	\$350.00
2 days	\$340.00	\$305.00	\$290.00

Re-Enrollment

We're Going Back To School



2024-2025

____ Yes, my child, _____ will be attending the
2024-2025 school year.

They will be enrolling in:

____ 2 Year old class

____ 3 Year old class (must be potty trained)

____ Pre-Kindergarten (4's & 5's)

Our child will be attending Orangeburg Christian Preschool: (Check all that apply)

____ Full Day ____ Regular Day ____ Half Day ____ Morning
7:00am-6:00pm 7:00am-3:00pm 7:00am-12:00pm 8:30am-11:30am

Days: ____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Mother's signature

Father's signature

E-Mail

Preschool Director

IDENTIFICATION AND EMERGENCY INFORMATION CHILD CARE CENTERS/FAMILY CHILD CARE HOMES

To Be Completed by Parent or Authorized Representative

CHILD'S NAME	LAST	MIDDLE	FIRST	SEX	TELEPHONE ()
ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
BIRTHDATE					BUSINESS TELEPHONE ()
FATHER'S/GUARDIAN'S/FATHER'S DOMESTIC PARTNER'S NAME	LAST	MIDDLE	FIRST	HOME TELEPHONE ()	
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
MOTHER'S/GUARDIAN'S/MOTHER'S DOMESTIC PARTNER'S NAME					BUSINESS TELEPHONE ()
HOME ADDRESS	NUMBER	STREET	CITY	STATE	ZIP
PERSON RESPONSIBLE FOR CHILD					BUSINESS TELEPHONE ()
LAST NAME	MIDDLE	FIRST	HOME TELEPHONE ()		BUSINESS TELEPHONE ()

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

NAME	ADDRESS	TELEPHONE	RELATIONSHIP

PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY

PHYSICIAN	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()
DENTIST	ADDRESS	MEDICAL PLAN AND NUMBER	TELEPHONE ()

IF PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN?

CALL EMERGENCY HOSPITAL OTHER EXPLAIN: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY

(CHILD WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

NAME	RELATIONSHIP

TIME CHILD WILL BE CALLED FOR

SIGNATURE OF PARENT/GUARDIAN OR AUTHORIZED REPRESENTATIVE	DATE
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TO BE COMPLETED BY FACILITY DIRECTOR/ADMINISTRATOR/FAMILY CHILD CARE HOMES LICENSEE

DATE OF ADMISSION	DATE LEFT
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