



West Linn Community Preschool: 2021-2022 Registration Information

Membership

Your choice of a cooperative preschool involves several opportunities and commitments as a family. Membership in a cooperative is set up for the benefit of the child and families. Your involvement will be a large part of your reward.

Primary membership responsibilities include:

1. Families helping in the classroom approximately 2-3 days per month.
(Other family members that have cleared our background check can also help in class)
2. Attendance at General Meetings approximately 4 times per year.
3. Family job (such as publicity chair, operations chair, etc.)
4. Participation in all fundraising (to keep tuition costs reasonable). Fundraising includes:
 - A. Selling holiday wreaths
 - B. Spring Fundraiser event (TBD)
 - C. Other fundraising activities as directed by the General Membership.

Classes and Tuition

4's Class - for children who will be age 4 by September 1, 2021

Days of the Week	Monday, Tuesday, Wednesday
Time	8:30 a.m.-11:30 a.m. September-December 8:30 a.m.-12:30 p.m. January-May

Monthly Tuition \$270

3's Class - for children who will be age 3 by September 1, 2021

Days of the Week	Thursday and Friday
Time	8:30 a.m.-11:30 a.m.
Monthly Tuition	\$180

- ❖ September and May tuition is due at Orientation in August.
- ❖ Tuition is due the 1st of each month. (A \$20 Late Fee will be assessed for payments received after the 10th)
- ❖ Our school year runs September-May (9 Months). A total of 9 tuition payments are due. (2 months of tuition paid at registration and 7 monthly payments)

Location

1855 South Shore Blvd, Lake Oswego in Lake Oswego United Methodist Church

Registration Fees

- ❖ \$135 Registration Fee (non-refundable)
 - **EARLY BIRD - \$100 IF REGISTERED BY 4/1/2021 (\$35 discount)**
- ❖ \$60 PCPO Insurance Fee (non-refundable)
- ❖ \$5 Background Check Fee (non-refundable) for EACH person planning to volunteer
- ❖ \$5 Handbook Deposit (refundable)

The above registration fees are required to accompany the registration form in order to reserve your child's place in the preschool.

West Linn Community Preschool

www.wlcp.org

Phone: 503-657-5050

Email: wlcp.vp@gmail.com

Mail: PO Box 213, West Linn, OR 97068

Location: 1855 South Shore Blvd, Lake Oswego, OR 97034



2021-2022 Registration Form

Today's Date: _____

General Information

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Parent/Guardian 1 Name: _____ Cell/Bus. Ph: _____

Email: _____

Parent/Guardian 2 Name: _____ Cell/Bus. Ph: _____

Email: _____

How did you hear about us? (friend, flyer, advertisement, website, other, etc.) _____

Registering for

_____ **4's Class (Monday through Wednesday mornings 8:30-11:30 a.m.)**

_____ **3's Class (Thursday and Friday mornings 8:30-11:30 a.m.)**

Return to

Please mail the completed registration form, background check form(s), and the registration fees to the Vice President/Registrar.

West Linn Community Preschool
Attn: VP/Registrar
P.O. Box 213
West Linn, OR 97068

Make checks payable to: **West Linn Community Preschool (or WLCP)**

I understand that my fees are non-refundable:

Parent Signature _____ Date: _____

West Linn Community Preschool does not discriminate on the basis of race, color, national and ethnic origin.

For office use only

Date Received: _____ By: _____ Info Inputted Date: _____ By: _____

Fees Received:

_____ \$135 Registration Fee (non-refundable)
_____ \$60 PCPO Insurance Fee (non-refundable)
_____ x \$5 = _____ Background Check Fee (non-refundable)
_____ \$5 Handbook Fee (refundable)

Registration Check # _____ Total Amount of Registration Fees Paid: _____



West Linn Community Preschool
P.O. Box 213
West Linn, OR 97068
503-657-5050

WLCP Volunteer Agreement

I wish to volunteer at West Linn Community Preschool (the "Preschool") and understand that the Preschool, in conformance with its policy and Oregon Preschool Recorded Program statutes and administrative rules, will request that the Oregon Department of Education perform a criminal background check on me as a condition of my volunteering for the Preschool. I understand that volunteering is a privilege and that the decision of whether to allow me to participate is completely within the discretion of the Preschool and its designated authorities. In consideration for the opportunity to volunteer for the Preschool, I hereby release for myself, my spouse, my heirs, executors, and assigns, completely release and discharge the Parent-Child Preschools Organization (the "PCPO"), the Preschool, their Boards, officers, employees, and agents and their respective heirs, executors, and assigns from any and all claims, rights, demands, actions, obligations, causes of action of any and every kind, nature, and character, known or unknown, that I may have against any of them arising from or in any way connected with my relationship with them relating to the policy or the execution of my background check.

Signature

Name (Printed)

Address

February 7, 2021