



Thistle Learning Center Preschool

628 NW York Drive, Suite 206

Bend, Oregon

97703

drtrish.tlc@gmail.com

914 391 8612

Registration Completion Checklist

Please make sure all applicable forms are completed before submitting

Completed Application and Schedule Options

Non-refundable Registration/Enrollment Fee

- New families: \$100 Registration Fee +\$200 Deposit=\$300/child
- Returning Families \$75 Registration Fee +\$200 Deposit=\$275/child

Signed and initialed TLC Tuition and Refund Policy

Signed TLC Policy Statement

Signed TLC Parent Agreement

Completed and Signed Emergency Form

Completed and Signed Special Needs Questionnaire

Completed and Signed Dental Hygiene Form

Completed and Signed Medical Forms (including well visit, updated immunizations, and TB test/waiver form)

Completed and Signed COVID 19 Daily Health Assessment



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Today's Date _____

Child's Last Name _____

Child's First Name _____

Nickname (if used) _____ Sex _____ DOB _____

Street Address _____ City _____ Zip code _____

Home Phone _____

Mother's Name _____ Cell Number _____ email _____

Father's Name _____ Cell Number _____ email _____

Allergies _____

Preschool Program (age 2-5)

Program	Days	Time	Selection	Monthly Payment
Morning Program	M/T/W/Th/ F	8-12:00 pm		
1 half day	Based on availability	8:00-12:00 pm		\$200
2 half days	Based on availability	8:00-12:00 pm		\$400
3 half days	M/W/F	8:00-12:00 pm		\$600
4 half days	Based on availability	8:00-12:00 pm		\$800
5 half days	Based on availability	8:00-12:00 pm		\$1,000

Lunch & Learn (age 2-5)

Program	Days	Time	Selection	Monthly Payment
Afternoon Program	M/W/ F	12:00-2:00 pm		
Monday	Based on availability	12:00-2:00 pm		\$100
Wednesday	Based on availability	12:00-2:00 pm		\$100
Friday	Based on availability	12:00-2:00 pm		\$100

Late Pick Up Fee-\$25 per occurrence

Payment Schedule

Monthly Due Dates 9/1, 10/1, 11/1 12/1, 1/1, 2/1, 3/1, 4/1, 5/1, 6/1

Annual Payment (1 Total Payment)

Due at registration

Tuition Discounts

10% Younger Sibling Discount

Financial Assistance

TLC offers a limited number of need-based scholarships each year at the discretion of the director. For further information, please contact Dr. Trish.



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Tuition Payments and Refund Policy

Tuition Payments

Tuition payments may be made monthly or annually. Invoices will be emailed approximately one week before the due date. It is your responsibility to provide a valid email address and to make your tuition payments on time in accordance with your chosen payment schedule. Payments can be mailed to the following address:

Thistle Learning Center
P.O. Box 3892
Bend, OR 97707

Registration Fee

We accept your registration fee and deposit as a good faith representation that your child will attend Thistle Learning Center for the upcoming school year and, on that basis, we reserve a space for you child. For this reason, the registration fee is not refundable.

Non-Refundable Registration/Enrollment Fee

- New families: \$100 Registration Fee +\$200 Deposit=\$300/child
- Returning Families \$75 Registration Fee +\$200 Deposit=\$275/child

_____ (initial)

September 1st Tuition Payment

The first payment for the upcoming school year is due on 9/1. If payment is not made by that date, the space will be released and given to a child on the wait list.

Tuition Refund Policy for Discharges after September 1st

If you choose not to send your child to TLC Preschool, provide two weeks' notice and the total monthly fee.

_____ (initial)

On Time Payment Policy

If your child's tuition payment is outstanding more than 30 days, your child will not be allowed to attend school until such time that the tuition is brought up to date.

Program Enrollment Policy

TLC Preschool reserves the right to cancel a program due to lack of enrollment.

_____ (initial)



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I have read, understand and agree to the policies as set forth in this Agreement.

Name of Student _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____



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Thistle Learning Center Preschool Policy and Statement

Thistle Learning Center is open to all children regardless of race, creed, or ethnic origin. In order for a child to be admitted to the school, parents must provide signed copies of all relevant forms in the application packet.

Tuition and Fees

Enrollment is on a yearly basis, with parents responsible for the tuition indicated by the Director at the time of enrollment. If payment of fees is received later than 30 days from the due date, the child will not be allowed to attend the school until such time as the tuition is brought up to date or arrangements are made with the Director.

If a child is not picked up promptly at his/her scheduled time, parents will be charged a late pick up fee of \$25. This is for the protection of the staff that have immediate responsibilities.

Sibling Discount

The sibling discount (2 children in the one school at the same time) is 10% for the younger sibling.

Changes in Schedule

You may request a change to your child's schedule. If you are requesting a reduction in your child's schedule, changes can be made with two weeks' notice and payment for that month (as reflected in the monthly statement). Requests to increase the number of days in your child's schedule can be made at any time, provided that space is available. Changes in schedule must be authorized by the Director, based on staffing availability.

Health

Please follow the TLC daily routine health check each morning before attending school. If COVID-19 mandates are still in effect, this health check should include temperature checks and screening questions. Any child who shows symptoms of an illness should not be brought to school. Any child who shows symptoms of an illness will not be allowed to remain in school. TLC is not licensed to administer medication to your child.

Lunches and Snacks

Snacks may be provided in the morning and afternoon and are within suggested nutritional guidelines. Students are encouraged to bring their own snacks as well. Lunch is not provided. Parents may provide a nutritious lunch for their child to bring to school. Children requiring special diets must bring written instructions from a physician. TLC is a nut-free facility.



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Daily Schedule

Teachers develop lesson plans using suggested curriculum materials with a focus on monthly themes. The daily schedule includes, but is not limited to, free play, centers, art, circle time and an outdoor journey, and play time. Because we spend time outside, please dress your child according to the weather.

Parents Agreement

I fully understand and accept the above Policy Statement and Tuition Schedule, and agree to pay Thistle Learning Center in a timely manner for the school year.

Child's Name _____ Date _____

Parent Signature _____

Agreement Between Parents and Thistle Learning Center Preschool

1. I give my permission for TLC to seek emergency treatment for my child.
2. I give my permission for my child to participate in a daily outdoor journey and playtime conducted by the school.
3. I assume all responsibility for my children en-route to and from school.
4. I understand that school requires a registration fee upon submission of application that is non-refundable.
5. I fully understand the Tuition Schedule. I have received and agree that I will make tuition payments by the due dates as explained in the Policy Statement. Non-payment of the fee will result in the forfeiture of my child's space at TLC.
6. I understand that the first tuition payment is due September 1st. If I choose not to send my child after this payment is made, I am responsible for providing two-weeks' notice and the current monthly payment.
7. Like all private schools, adjustments in payment cannot be made due to illness, holidays or snow days. No refund or discount is allowed due to temporary absence.
8. I understand that TLC reserves the right to terminate a child for following reasons (but not limited to): Failure to pay, lack of parent cooperation, a difficult adjustment to school after a reasonable amount of time, lack of compliance with handbook regulations or the physical/verbal abuse of any staff other persons or property. All reasonable efforts will be made to assist children with their development. However, if the child's needs cannot be met by our staff, we will make every effort to work with the family to find a more suitable learning environment.

I have read, understand and agree to the policies as set forth in this agreement.

Parent Signature _____ Date _____



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Emergency Form

Child's Last Name _____

Child's First Name _____

Street Address _____

City _____ State _____ Zip code _____

Home Phone # _____

Mom's E-mail Address _____

Dad's E-mail Address _____

Child's Date of Birth _____

Mother's Name _____ Father's Name _____

Mother's Cell Phone # _____ Father's Cell Phone # _____

Mother's Business Phone # _____ Father's Business Phone # _____

Emergency Contacts (other than parents)

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

Doctor's Name _____ Phone _____

In case of accident or illness, I request that TLC contacts me. If I am unable to be reached, I hereby authorize the representative to call the physician indicated and to follow physician's instructions. If it is impossible to contact the physician, the school representative is authorized to make whatever arrangements are necessary including calling 9-1-1. I agree to assume financial responsibility for any diagnosis, treatment and/or medication deemed necessary in. To the best of my knowledge all the information given is accurate and complete. By way of my signature, I hereby consent to and authorize the necessary procedures that have been stated above.



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Name _____ Signature _____

Allergies (given in detail) _____

Authorization for Pick-Up

The following people are allowed to pick up my child. Written permission must be sent to school if other pick-up arrangements are required. Please include names and relationship:

NAME

RELATIONSHIP

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Parent Signature _____ Date _____

Photo Consent Form

During the school year, we will be taking photographs of the children as they work and play. Pictures used for class projects, bulletin boards, etc. Photos may also be displayed on our website or Facebook page. Children's names will not be used on social media. In addition, TLC will be distributing a class list that includes children's name and parent's email addresses.

Please indicate your preference below (circle one):

YES / NO My child can be photographed for school use.

YES / NO My child may be photographed for website/Facebook

YES / NO Include my child's name on the TLC class lists.



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Thistle Learning Center Preschool Special Needs Questionnaire

The following questionnaire is to share information including any services your child is receiving or may need. This information will be shared with your child's teacher as we work together to provide the best school experience.

Child's Last Name: _____

Child's First Name: _____

Age (circle one) 2's 3's 4's

Does your child have special needs based on an evaluation? ____yes ____no

If no, do you have concerns that would warrant an evaluation and if so, what are your specific concerns? _____

If yes, please specify the types of services your child will be receiving during the school year. Please check all that apply.

___ Occupational Therapy

___ One-on-one support

___ Physical Therapy

___ Speech

Please note the number of hours per week for which your child receives each service.
