



Foothills Faith Academy

Foothills Faith Academy
Ministry of Foothills United Methodist Church
Infant Center 2026/2027 School Year
August 3rd, 2026 – June 30th, 2027
Preschool Enrollment Agreement
Non-Refundable Fee \$150 per child

I wish to enroll _____

Date of Birth: _____ Age: _____ Gender: _____

Please Circle Choice:

Full Day Infant Care 7:45am-4pm Monday-Friday

4 months-12 months: \$1559

13 months-24 months: \$1488

Infant Aftercare 4-5pm \$185

Infant Aftercare 4-5pm \$175

START DATE: _____ TUITION AMOUNT: _____ Payment Preference: EFT___ CC___ Check___

Student resides with: Both Parents___ Mother___ Father___ Guardian___ Shared Custody___

Parent/Guardian Full Name: _____

Address: _____

City: _____ Zip code: _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Relationship to student: _____

Parent/Guardian Full Name: _____

Address: _____

City: _____ Zip code: _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Relationship to student: _____

How did you hear about Foothills ? _____

Does your child have previous school experience? _____

Present church affiliations: _____

Please initial each statement:

1. Tuition of \$_____ is due monthly. I understand tuition is based on an overall average of a 4-week month and thus stays the same amount monthly for 2026/2027.
2. Tuition is due on the first of each month._____
3. I understand that paid after the tenth of the month is considered late and will be charged a \$25 late fee. Checks should be made payable to Foothills Faith Academy. Credit card payments and EFT (Automatic withdrawal) are available as payments options. EFT Payments receive a monthly 1% discount._____
4. I agree to pay the registration fee of \$150. I understand that the registration fee is not refundable._____
5. I understand that there is a \$25 charge on all returned checks._____
6. I understand there is no reduction in tuition for vacations that my child takes from school._____
7. I will not send my child to school when he/she is showing signs of illness, and I will notify my child's teacher and/or Director that my child is ill. I agree to follow all current illness protocols._____
8. I will notify the school of any changes in address, phone number, place of employment, emergency information or custody situations.____
9. I will honor all session hours. I understand that if I'm late, I will be charged \$10 for the first 10 minutes and \$2 each additional minute that I am late picking up my child._____
10. Right of licensing agency: The State of California-Health and Welfare Agency Department of Social Services or Licensing Agency shall have the authority to interview children or staff, and to inspect and audit child facility records without prior consent. The State of California-Health and Welfare Agency Department of Social Services, or Licensing Agency shall have the authority to observe the physical condition of the child._____
11. I understand the school has a two-week mutual notice period to terminate enrollment. The center does not refund vacations, registration fees, or the child's last two weeks of enrollment._____
12. I have received and read a copy of the 2026/2027 Foothills Faith Academy Parent Handbook and understand the contents._____

I will be paying the registration fee with:

____ Credit Card-Please charge my credit card the \$150 registration fee

____ Check made payable to Foothills Faith Academy

____ Cash

Parent Signaute: _____ Date: _____

Director Signature: _____ Date: _____

Office Use Only: AmountReceived: _____ Date: _____

Class Assignment: _____