

2026-2027
School Year



Application Date: _____

Student's Name: _____ Date of Birth: _____

Address (mailing): _____ City/Zip: _____

Phone: _____ Name your child should learn to write _____

M or F: _____

PLEASE CHECK THE CLASS YOU WISH YOUR CHILD TO ATTEND

CLASSES ARE FILLED ON A FIRST COME BASIS AS REGISTRATIONS/FEEES ARE RECEIVED

_____ 3's AM Class	Tuesday & Thursday 9:00-11:30 (must be 3 by September 1 and potty-trained)
_____ 3's PM Class	Tuesday & Thursday 12:30-3:00 (must be 3 by September 1 and potty-trained)
_____ 4's AM Class	Monday, Wednesday & Friday 9:00-11:30 (must be 4 by September 1 and potty-trained)
_____ 4's PM Class	Monday, Wednesday & Friday 12:30-3:00 (must be 4 by September 1 and potty-trained)

Child lives with: _____ Family Church: _____

Other Children in Family and their Ages: _____

PARENT INFORMATION

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City/Zip: _____ City/Zip: _____

Phone: _____ Phone: _____

Cell: _____ Cell: _____

Work: _____ Work: _____

E-Mail: _____ E-Mail: _____

Employer: _____ Employer: _____

EMERGENCY CONTACT

Please List two people other than you in case of emergency

Name: _____ Cell: _____ Relationship to child: _____

Name: _____ Cell: _____ Relationship to child: _____

HEALTH INFORMATION

Child's Doctor's Name: _____ Phone: _____

Medical Insurance: _____ Policy Number: _____

Child's Health: (including any allergies and medications being given): _____

WHO WILL BE PICKING UP YOUR CHILD

Please list the name(s) of those who are authorized to pick up your child. **PLEASE** list only those who will be picking up your child on a **REGULAR BASIS**.

Name: _____ Best Number to be reached at: _____

Name: _____ Best Number to be reached at: _____

Name: _____ Best Number to be reached at: _____

FOR OFFICE USE ONLY

Date Received: _____

Reg. Fee Paid: _____

Check #, Cash or Card: _____



Financial Agreement 2026-2027 School Year

Tuition and Fees:

*Please make checks payable to: **Foothills Community Church***

____ (Initial) Tuition is due the last school day of each month for the month to follow, and late if received after the 5th of the month payment is due. **Late payments incur a \$10 late fee**, unless prior arrangements have been made with Liz McWilliams, LH Administrator. Payments can be made at the preschool in the designated tuition box by cash or check, with a Credit/Debit card.

September tuition is due at parent orientation in August.

____ (Initial) A two week written notice is required to withdraw your child from Loving Hearts Preschool. Tuition will be pro-rated after receiving your written notice. All tuition up to and including the two week notice period is due and payable before your child's last day.

4's AM 9:00-11:30 & 4's PM 12:30-3:00: \$200.00 per month **May Graduation Fee: \$60.00 (Due in March)**
3's AM 9:00-11:30 & 3's PM 12:30-3:00: \$160.00 per month

Registration Fee: \$180.00 per child, per year (Due when paperwork is turned in & is non-refundable)
(Due with Registration Form regardless of time of year child is registered)

Snack Fee: \$50.00 per child, per year (Due in Sep or any time after when child is signed up)

As the custodial parent or legal guardian of _____ I agree to the
Child's Name
payment terms detailed above and give my consent for my child to attend Foothills Loving Hearts Preschool.

Parent/Guardian Signature

Date

Late Pick Up Fee:

\$5.00 for every 15 minutes late unless you've called LHP and made prior arrangements.

Please see Parent Handbook for further details.

110 Grange St.
Molalla, OR 97038
503-829-5130

lovinghearts@foothillsonline.com

Updated 1/19/26



Consent & Release Form 2026-2027 School Year

Student's Name: _____

My child may have his/her picture taken and used for publicity purposes.

YES / NO

(Only to be put on Loving Hearts Preschool secret FB page)

Are you facing any custody issues/concerns over your child?

YES/NO

If yes, please explain _____

In case parents cannot be reached, I authorize any emergency treatment deemed necessary for my child by any emergency response personnel.

Parent/Guardian Signature

Date

In case of injury to my child while in the care, custody, or control of Foothills Loving Hearts Preschool, **I HEREBY WAIVE ALL CLAIMS IN EXCESS OF THE LIABILITY INSURANCE THAT FOOTHILLS COMMUNITY CHURCH CARRIES.**

Parent/Guardian Signature

Date

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Updated 1/19/26

All About Me.....

(Student's First and Last Name)

1. What name would you like your son/daughter to learn to write at LHP?
*this should be what they will continue to learn in Elementary School
2. Has your son/daughter been to preschool before? If yes, Where?
3. Has your son/daughter been diagnosed with any learning/behavioral disabilities? If yes, explain.
4. Are there things you notice about your kiddos speech, hearing or behavior that would be good for us to know?
5. Are there any circumstances at home that would be helpful for us to know?
6. Does your kiddo have sensory sensitivities?
7. Does your kiddo have a difficult time eating food?
(picky eater, texture issues, etc.)
8. Which hand does your child color, write or hold scissors in?
9. What is your child's middle name?
10. Are there any family members (parents, siblings or grandparents) that have learning or developmental delays, speech issues or are on the spectrum?