

Mendocino County State Preschool Consortium

Shanél Valley State Preschool Family Fee Form

We take great pride in being a community school that is deeply rooted in the local neighborhood we serve. We recognize the diverse and unique needs of our families, and it is our unwavering commitment to ensure that all families have access to high-quality education and support. Family Fees are only applicable to families who do not meet the income qualifications set forth by the State of California.

Family Information:

Parent/Guardian Name: _____
Address: _____
City: _____ State: _____ ZIP: _____
Phone Number: _____ Email Address: _____

Child Information:

Child's Full Name: _____
Date of Birth: _____ Gender: _____

Program Preferences:

Select all preferred program options:
 Before Care (7:30 AM - 8:00 AM)
 State Preschool (8:00 AM - 11:30 AM)
 Extended Care (11:30 AM - 5:30 PM)

Family Fees Per Month:

Before Care: \$100
State Preschool: \$612.72
Extended Care: \$689

Extended Care Option Waived Fees:

Families who enroll their child in the State Preschool and Extended Care option will have their family fee waived for the State Preschool fee. All children must be enrolled in the State Preschool program to be eligible for Before and Extended Care. Fees are based on a 10 month calendar. **First payment is due on the first Monday prior to the start of school.**

Example: if your family needs Before and Extended Care, which operates from 7:30-5:30pm, the program fee would be $\$100 + \$612.72 + \$689 = \789 per month x 10 months. If your family only needs Before Care, the State Preschool fee can not be waived, and the cost is $\$100 + \$612.72 = \$712.72$ per month x 10 months. If your family only needs Extended Care, the fee would be $\$612.72 + \$689 = \$689$ per month x 10 months.

Childcare Rate Increase

Our childcare rates will be reviewed on an annual basis. Any changes to the rates will be accompanied by a 30-day written notice per our enrollment agreement. Enrollment rates increases are specifically earmarked to cover program expenses.

By signing below, I confirm that I have read and understood the information provided in this enrollment form, including the family fees.

Parent/Guardian Signature: _____ Date: _____