

ENROLLMENT INFORMATION:

- Kindergarten Prep 3/4 year olds** **W/F** Monthly Tuition:
 Must be potty trained & 3 yrs old by 8/31/19 **9:00 - 11:30 am** \$95 EBC/RBC Member
 Maximum enrollment = 12 \$110 Nonmember

- Kindergarten Prep 4/5 year olds** **M/T/TH** Monthly Tuition:
 Must be 4 yrs old by 8/31/19 **9:00 - 11:45 am** \$160 EBC/RBC Member
 Maximum enrollment = 18 \$175 Nonmember

Last Name	First Name	Middle Name
Home Address (Street/P.O.Box) City State Zip Home Phone		
Birthday	Name you would like your child to learn how to write?	Primary Email
<input type="checkbox"/> Male <input type="checkbox"/> Female		

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MOTHER

Mother's Last Name	Mother's First Name	Mother's Middle Name
Home Address (Street/P.O.Box) City State Zip Home Phone		
Mother's Employer	Work Phone	Other phone (Cell, etc.)

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FATHER

Father's Last Name	Father's First Name	Father's Middle Name
Home Address (Street/P.O.Box) City State Zip Home Phone		
Father's Employer	Work Phone	Other phone (Cell, etc.)

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FAMILY

Marital Status: __ Married __ Single __ Divorced __ Widowed __ Separated

Name and Age of Siblings:

FOR OFFICE USE ONLY

Date Received _____	Food Allergy _____
Registration Fee _____	Media Release Statement Yes No
Immunization Form _____	Directory Permission Yes No

Edgewood Christian Preschool Registration Form 2019-2020

FEE AND MONTHLY PAYMENT SCHEDULE

REGISTRATION FEE

The registration fee is \$120. The fee is non-refundable and is due at the time of registration.

TUITION FEES

Class	Days	Time	Monthly Tuition
Kindergarten Prep. 3's/4's	Wed./Fri.	9:00 – 11:30 am	EBC/RBC Member \$95 Nonmember \$110
Kindergarten Prep. 4's/5's	Mon./Tues./Thurs.	9:00 – 11:45 am	EBC/RBC Member \$160 Nonmember \$175

TUITION POLICY

Tuition is due by the 15th of each month. Checks should be made payable to Edgewood Christian Preschool. If paying with cash, please pay with exact amount. Tuition may be dropped off at the office or in the tuition box inside the door of the preschool room. There is a \$10 late fee for tuition paid after the 15th of the month.

If unforeseen circumstances occur which prevent timely payment of tuition, parents may contact the Director.

I have read the tuition policy above and agree to abide by its terms.

Signature of parent or legal guardian

Date

CHURCH INFORMATION

Mailing Address for Edgewood Bible Church (for tuition): 1720 Meridian Ave., E., Edgewood, WA 98371

Church Email: EBC@edgewoodbiblechurch.org

Church Phone: 253.927.2767

Church Office Address: 10103 18th Ave. Ct. E., Edgewood, WA 98371

Edgewood Christian Preschool Registration Form 2019-2020

MEDIA RELEASE STATEMENT

I hereby grant Edgewood Christian Preschool rights to use images and other media used to capture my child's likeness, or in which my child may be included in whole or in part. These may be used in school materials or for publicity purposes.

I hereby release Edgewood Christian Preschool and their legal representatives from any liability.

I do realize my child is being photographed/videoed and do give permission to Edgewood Christian Preschool to use images containing my child.

Date: _____

I do wish my child's pictures to be published.

Signature of parent or legal guardian

Relationship

Phone

I do not wish my child's pictures to be published.

Signature of parent or legal guardian

DIRECTORY PERMISSION

I hereby grant Edgewood Christian Preschool rights to use and publish our personal phone information for class use only. I understand Edgewood Christian Preschool will only give our information to staff and other families registered in the class. It will not be emailed or otherwise posted in the classroom or elsewhere.

Date: _____

I do wish my family's contact information to be published.

Signature of parent or legal guardian

Relationship

Phone

I do not wish my family's contact information to be published.

Signature of parent or legal guardian

Edgewood Christian Preschool Registration Form 2019-2020

CONSENT FOR EMERGENCY MEDICAL AND SURGICAL CARE

I hereby grant permission to Edgewood Christian Preschool to seek medical attention for my child, _____, should an emergency arise in which such service is indicated. It is understood that a conscientious effort must be made to notify me or my spouse before such action is taken. If it is impossible to locate me or my spouse, I further consent to emergency medical or surgical treatment by any licensed physician and/or hospital.

Child's Physician: _____ Physician's phone: _____

Date of child's last Tetanus (or DPT) immunization: _____

Does your child have any food allergies? No _____ Yes _____

If so, please list: _____

Does your child have any drug allergies? No _____ Yes _____

If so, to what? _____

Does your child have any chronic diseases or other health problems that might interfere with emergency medical or surgical treatment? No _____ Yes _____

If so, what? _____

Does your child take any prescription medicines? No _____ Yes _____

If so, please list and explain for what: _____

Home Address: _____ Home Phone: _____

Mom's Cell Phone: _____ Dad's Cell Phone: _____

Signature of parent or legal guardian

Date

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EMERGENCY CALL LIST

In the event that we are unable to reach you, in case of illness or emergency, please list **in order** the people you want us to contact to pick up your child.

We only release (dismiss) your child to a parent or those authorized in writing by their parents. We reserve the right to ask for identification at any time of anyone.

The following person(s) may pick up my child from the preschool in my absence.

1.	_____	_____	_____
	Name	Relationship	Phone
2.	_____	_____	_____
	Name	Relationship	Phone
3.	_____	_____	_____
	Name	Relationship	Phone
4.	_____	_____	_____
	Name	Relationship	Phone
5.	_____	_____	_____
	Name	Relationship	Phone

Signature of parent or legal guardian

Date

ADDITIONAL INFORMATION

Please note name, address, phone and days child is with the following:

Joint Custody Information: _____

Permission to pick-up? Yes _____ No _____

Babysitter Information/E-mail address: _____

Permission to pick-up? Yes _____ No _____