

**ENROLLMENT INFORMATION:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> <b>Kindergarten Prep 3/4 year olds</b><br>Must be potty-trained & 3 yrs old by 8/31/20<br>Maximum enrollment = 12 | <b>W/F</b><br><b>9:00 - 11:45 am</b>    | Monthly Tuition:<br>\$100 EBC/RBC Member<br>\$115 Nonmember |
| <input type="checkbox"/> <b>Kindergarten Prep 4/5 year olds</b><br>Must be 4 yrs old by 8/31/20<br>Maximum enrollment = 18                 | <b>M/T/TH</b><br><b>9:00 - 11:45 am</b> | Monthly Tuition:<br>\$165 EBC/RBC Member<br>\$180 Nonmember |

\_\_\_\_\_  
Last Name                                      First Name                                      Middle Name

**STUDENT**  
\_\_\_\_\_  
Home Address                      (Street/P.O.Box)                      City                      State                      Zip                      Home Phone

\_\_\_\_\_  
Birthday                                      Name you would like your                                      Primary Email  
child to learn to write

Male                       Female

**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.)

**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.)

Marital Status:                      \_\_ Married                      \_\_ Single                      \_\_ Divorced                      \_\_ Widowed                      \_\_ Separated

**FAMILY**  
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 2020-2021

## 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.	9:15 – 11:45 am	EBC/RBC Member \$100 Nonmember \$115
Kindergarten Prep. 4's/5's	Mon./Tues./Thurs.	9:00 – 11:45 am	EBC/RBC Member \$165 Nonmember \$180

### TUITION POLICY

Tuition is due by the 15<sup>th</sup> 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 15<sup>th</sup> 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

How did you hear about us? \_\_\_\_\_

Do you have a home church? \_\_\_\_ If yes, please list church name: \_\_\_\_\_

### CHURCH INFORMATION

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

Church Email: [EBC@edgewoodbiblechurch.org](mailto:EBC@edgewoodbiblechurch.org)

Church Phone: 253.927.2767

Church Office Address: 10103 18<sup>th</sup> St. Ct. E., Edgewood, WA 98371

# Edgewood Christian Preschool Registration Form 2020-2021

## 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

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## 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 2020-2021

## 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

# Edgewood Christian Preschool Registration Form 2020-2021

## **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 \_\_\_\_\_