



# LITTLE FEATS PRESCHOOL

**2020-2021**

**7704 24th Avenue NW  
Seattle, WA 98117**

[littlefeats@pcseattle.org](mailto:littlefeats@pcseattle.org) (Heidi Anderson, Director)  
**206.782.0588**





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# **Little Feats Preschool**

Little Feats Preschool is a Christian Preschool located at Loyal Heights in Ballard.

At Little Feats Preschool we are committed to creating an environment that is stimulating and nurturing to each child.

Our goal is to provide an atmosphere that encourages the development of each child; socially, emotionally, physically and spiritually.

We recognize that God created each child unique and special and we will provide a learning environment free of discrimination.

In the classroom your child will spend time with friends while learning a range of skills.

We will draw from the following curriculum areas;

Art, science, language arts, music and movement, drama, large motor activities, fine motor activities, math games and Bible stories.

It is our goal to develop in each child a curiosity about the world they live in, and an enthusiasm for learning.

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The Preschool, **for the most part**, will follow the Seattle Public School calendar, and we are open September through May.

### **Pre-3**

*The child must be 2 by September 1<sup>st</sup>*

Monday through Thursday

9:00 am to 12:00 pm

You may choose 1, 2, 3 or 4 days a week.

Max capacity per day is 10 students

### **North Pre-3**

*The child must be 2 by September 1<sup>st</sup>*

Monday through Thursday

9:00 am to 12:00 pm

You may choose 1, 2, 3, or 4 days a week.

Max capacity per day is 10 students - Main Class

Max capacity per day is 7 students - North Class

### **3's and 4's and North 3's and 4's**

*The child must be 3 by September 1<sup>st</sup>*

Monday through Thursday

9:00 am to 12:00 pm

You may choose 2, 3, or 4 days a week.

Max capacity per day is 18 students - Main Class

Max capacity per day is 12 students - North Class

### **Pre- K and North Pre-K**

*The child must be 4 by September 1<sup>st</sup>*

Monday through Thursday

9:00 am to 12:00 pm

You may choose, 2, 3 or 4 days a week.

Max capacity per day is 20 students - Main Class

Max capacity per day is 12 students - North Class

Tuition rates per month:

1 day	\$180 (Pre-3 and North Pre-3 Only)
2 days	\$280
3 days	\$360
4 days	\$430

**A non-refundable registration fee of \$125.00 per student is due upon registration.**

# Little Feats Preschool

Office use only
Check # _____
Date _____
Other _____

## 2020/2021 Registration Form

**A Non-Refundable \$125 Registration Fee is *REQUIRED* with this Form**

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_ (M or F)

Parent(s)/Guardian(s) Name(s) \_\_\_\_\_

Child's Primary Residence: \_\_\_\_\_ Zip: \_\_\_\_\_

Is child living with both parents? \_\_\_\_\_ If not, with whom? \_\_\_\_\_

Home Phone # \_\_\_\_\_ Primary E-mail Address \_\_\_\_\_

Work # or Cell # \_\_\_\_\_ (Mom/Legal Guardian)      Work # or Cell # \_\_\_\_\_ (Dad/Legal Guardian)

**Names and phone numbers of other persons to contact, in case of an emergency:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Names and phone numbers of persons permitted to pick up your child from the preschool:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physician - Name, address and phone number: \_\_\_\_\_

\_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

**Does the child have any specific health problems the staff should be aware of?**

(i.e. vision, hearing, allergies, physical limitations, etc.): \_\_\_\_\_

\_\_\_\_\_

**Enrollment (please select class & days):**

Pre 3's \_\_\_\_\_ \*3 and 4's \_\_\_\_\_ \*Pre-K \_\_\_\_\_

North Pre 3's \_\_\_\_\_ \*North 3's and 4's \_\_\_\_\_ \*North Pre-K \_\_\_\_\_

4-day: \_\_\_\_\_

3-day: \_\_\_\_\_ Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_

2-day: \_\_\_\_\_

1-day: \_\_\_\_\_

**One Day/per Week option is available Pre-3 & North Pre-3 ONLY**

## Agreement between Parent/Guardian and Little Feats Preschool

I hereby grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or play at a neighborhood park.

I hereby grant permission for my child to use all the play equipment and participate in all of the activities of the school.

I hereby grant permission for my child to be included in evaluations and pictures connected with the preschool program.

I hereby grant permission for the Director, or acting Director, to take whatever steps necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact the parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact you through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or the child's physician, we will do any or all of the following:
  - 1) Call another physician or paramedics
  - 2) Call an ambulance
  - 3) Have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses incurred under section 4 (above) will be borne by the child's family.
6. The preschool will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
7. The preschool will not assume responsibility for a child that has not been signed in when he or she arrives for the day.
8. The preschool will not assume responsibility for a child that has been signed out of the classroom.
9. **I agree that this is a binding agreement; I will give at least 2 weeks written notice of cancellation of enrollment or be required to pay one month's tuition.**

Signed: \_\_\_\_\_ (Mother or legal guardian) Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ (Father or legal guardian) Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_