Office Use Only: Date Processed_____

Release Period: September 7, 2021 – June 9, 2022

ARROWHEAD-INGLEMOOR PRESCHOOL
EPIPHANY LUTHERAN CHURCH
16450 JUANITA DRIVE NE
Kenmore, WA 98028
(425) 488-9800

APPLICATION FOR ENROLLMENT

Child's Name_____
(Last) (First) (Name student goes by)

Date of Birth_____ Sex ____Male ____Female Race_____
(mo) (day) (yr)

Child's Primary Address_____
(street number) (city) (state) (zip)

Email address_____
(Provide **one email address per family –** Used for Communication and Emergency Information)

Home Phone_____ Siblings & Ages _____

Father/Guardian _____ Mother/Guardian _____

Occupation _____Occupation _____

Employer_____ Employer_____

Work Phone_____ Work Phone_____

Cell Phone _____ Cell Phone _____

Daycare provider _____ Phone _____

Which person and/or number should we call first if a need arises? _____

Marital Status_____ Church We Attend _____

Tues/Thurs AM Threes_____(child has turned 3 by August 31)

Tues/Wed/Thurs AM Fours Pre-K_____(child has turned 4 by August 31)

Mon/Tues/Wed/Thurs AM Fives Pre-K_____ (turned 5 by Aug 31)

How did you hear about us? Friend Church Website Flier Banner Other

If possible, I'd like my child to be with (name) _____

School that you plan to have your child attend Kindergarten_____

I give permission for my child to be photographed in scheduled preschool activities. Such photographs may be used by Arrowhead Inglemoor Preschool for publicity or educational purposes. At no time will photos be used with identifying information in a public forum.

Initials _____

I give permission for my child to attend Arrowhead Inglemoor Preschool field trips. I will provide a responsible adult chaperone and transportation to and from all field trips my child attends.

Initials _____

_____ _____
Enrolling Parent/Guardian Signature Date

Arrowhead Inglemoor Preschool
2021-2022
Dismissal Authorization

_____ _____
Student's First Name Student's Last Name

When parents are not available to pick up their child(ren) from school, Arrowhead Inglemoor Preschool requires your permission to release your child to another adult. ***Please list relatives or friends who have your permission to pick the above listed child up from Preschool.*** AIP will not release your child to anyone without your permission. Please inform these contacts the AIP staff may ask for their personal identification before releasing your child to them during our dismissal process. Photo ID is required of all persons picking up children other than a parent.

Please provide <u>two or more persons.</u>

1. Name _____ Relationship _____

Phone # _____

2. Name _____ Relationship _____

Phone # _____

3. Name _____ Relationship _____

Phone # _____

4. Name _____ Relationship _____

Phone # _____

5. Name _____ Relationship _____

Phone # _____

_____ _____
Parent/Guardian Signature Date

Arrowhead Inglemoor Preschool
2021-2022
Health History

_____ _____
Student's FIRST NAME **Student's LAST NAME**

Child's Physician _____ Phone_____

Clinic Address:_____

Date of Child's Last Physical Exam _____

Share any health concerns or chronic medical conditions that you believe would be important for Arrowhead Inglemoor Preschool and its staff to know while you child is in our care:

Allergies: Check all that apply: ___Food ___Plants ___Bee/Insect ___Animal ___Other

List Food/Other Allergies:

Food/Other	**Allergic Reaction**

Is medication or Epi-Pen needed for allergy? _____YES _____NO

If medications and/or epi-pen will be needed to administer to a child in an emergency, we need to have a current Doctor's prescription with a signed medical release form. We always need to have the medication at school and labeled with your child's name in a baggie along with the signed release.

Other than allergy, does your child have any food restriction?
(Cultural, Religious, Personal) _____No _____Yes describe:

••• If your child has a life-threatening food allergy, we ask that you bring them a safe snack from home each day in a Ziploc bag with their name on it.

Is your child taking medication at home for any ongoing condition? _____No _____Yes

If yes, please describe: _____

_____

HAS YOUR CHILD:

Had a hearing test? ____Yes ____No Please list any concerns_____

Had an eye exam? ____Yes ____No Please list any concerns_____

Had a speech/communication evaluation? ____Yes ____No

Please list any concerns _____

Is your child currently receiving speech therapy? ____Yes ____No

Do you have concerns about your child's behavior? ____Yes ____No Please describe:

_____

_____

Do you have any concerns about your child's development? ____Yes ____No Please describe:

_____

_____

Additional concerns:

_____

_____

DENTAL HISTORY

Name of Dentist: _____ City/State_____ Phone_____

Has your child seen a dentist? _____Yes _____No

_____ _____

Parent/Guardian Signature **Date**

ARROWHEAD INGLEMOOR PRESCHOOL
MEDICAL RELEASE

Child's Full Legal Name: _____

Insurance Carrier Name: _____

Insurance Phone Number: _____ Policy #: _____

Primary Insured Name: _____ Relationship: _____

Doctor's Name: _____ Phone Number: _____

Hospital of Choice: _____

Emergency Contact: _____ Relationship: _____
(First Person to contact)

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____
(Non Parent)

Home Phone: _____ Cell Phone: _____

Known Allergies: _____

Current Medications: _____

Physical / Mental / Developmental Needs: _____

Special Dietary Needs: _____

Date of Last Tetanus Shot: _____

Emergency Treatment Release

In the event that I cannot be located, I hereby give consent to qualified Arrowhead Inglemoor Preschool staff to administer first aid, to call for emergency medical help, and/or to transport my child to a medical facility. I further consent to medical procedures to be performed for my child by a licensed physician or hospital if deemed necessary to safeguard my child's health. Any expense incurred will be accepted by me.

_____ _____

Parent/Guardian Signature **Date**

Arrowhead Inglemoor Preschool
2021-2022
Contract of Admissions

_____ _____
Student's First Name Student's Last Name

By signing my name to this contract, I acknowledge that I am the parent or legal guardian of the child for whom I have requested admission into Arrowhead Inglemoor Preschool. In consideration of such admission, I agree to the conditions governing admission and attendance at the school as stated below:

1. **I agree to pay Tuition charges and fees according to the payment schedule of 9 equally divided monthly payments. If during the school year I wish to discontinue enrollment I must notify the Arrowhead Inglemoor Director <u>in writing at least 14 days in advance.</u>**

2. **All Registration and Annual Fees are NON-REFUNDABLE.** A registration Form and Annual fee are due each year a student is enrolled.

3. **<u>I understand this contract is valid for one school year only.</u>** Re-enrollment is contingent upon compliance with the handbook guidelines, available space and current payment of all fees.

4. No makeup days or tuition credit is permitted for absences due to sickness, public holidays, snow, Northshore closures or personal reasons. Tuition is charged on a yearly basis and all monthly installments are for the same amount even though there may be holidays or vacation days. If a child starts during a month, their first tuition payment will be pro-rated.

Tuition Policy:

Annual tuition is divided into **<u>9 EQUAL Installments</u>** and is due on the 1st of each month. A **<u>LATE FEE</u>** of $30 is due when tuition is paid after the 10th of each month.

In the event I fail to abide by the above conditions, I acknowledge the Arrowhead Inglemoor Preschool may enforce the following penalty: Suspend or permanently terminate the attendance of any child whose payment of tuition and/or fees is delinquent by the 15th of the month, unless a payment schedule has been authorized by the School Management Team.

I hereby accept this "Contract of Admissions" agreement:

_____ _____ _____
Mother Parent/Guardian (Signature) Father Parent/Guardian (Signature) Date