



Rise and Shine Preschool

All Saints Lutheran Church

5501 148th Ave NE, Bellevue, WA 98007

Director: Paix Irigon (425) 691-8325 preschool@allsaints-lcms.com

Enrollment Application 2020-2021

Please check desired class: *(This does not guarantee admission into your desired class)*

2-day class (Tuesday and Thursday)

3-day class (Monday, Wednesday and Friday)

4-day class (Monday-Thursday)

5-day class (Monday-Friday)

Student Information

Child's Name _____ Boy ____ Girl ____

Date of Birth _____ Nickname or Preferred Name _____

Parent's Names: Mom _____ Phone # _____

Dad _____ Phone # _____

Phone # to call first _____

Address _____ City _____ Zip _____

Email(s) _____

Siblings (Name and Age) _____

Other than you, who else has permission to pick up your child?

Name	Phone #	Relationship to child

Religious Beliefs (This section is optional)

What is your family's religious belief (if any) _____ Does your family attend church ____ (Y/N)

If yes, Church name and location _____

Medical Information

Doctor's Name or Provider _____ Phone # _____

Special health problems? ____ (Y/N) If yes, specify _____

Known Allergies? ____ (Y/N) If yes, specify _____

Other important information (e.g. Dietary) _____

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Emergency Information

People to be contacted if parents are unavailable:

Name	Phone #	Relationship to child

Permission for medical treatment: I, _____, the parent or guardian hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified staff member of All Saints Lutheran Church, I also give permission for my child to be transported by ambulance, treated by aid car personnel, and/or transported to an emergency center/hospital for treatment. In the event that I cannot be contacted, I further authorize and consent to the medical, surgical, and hospital care, treatment, and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child’s health. I waive my right to informed consent for such treatment. I realize that the school and church will not assume responsibility for payment of medical fees or expenses incurred.

Signed _____ Date _____

Parent Contract

_____ (Initial) I understand that tuition fees are due the 1st of the month and if not paid by the 10th, I am responsible for paying a \$30 late fee.

_____ (Initial) I acknowledge my child is completely toilet trained (not using diapers or pull-ups), and a result of multiple potty accidents in a few weeks, may result in my child being temporarily withdrawn until he or she is potty trained.

_____ (Initial) I understand that no credit will be given for absences due to vacations, illness, and holidays. I will also give two weeks written notice if I plan to withdraw my child from preschool.

_____ (Initial) I understand that changes to this contract can only be made with director approval and Rise and Shine preschool reserves the right to adjust preschool schedule as needed upon 30-day notice.

_____ (Initial) **\$100 non-refundable registration fee due upon enrollment confirmation**

Office Use Only		
Date of enrollment	Amount and method of payment	Authorized staff signature