



All Saints Lutheran Early Learning Center

2023-2024 Enrollment Paperwork

Dear Parents,

Thank you for expressing an interest in All Saints Lutheran Early Learning Center. We look forward to nurturing the growth and well-being of your children. Our goal is to provide a balanced educational program in a warm and loving atmosphere. To achieve this balance our school aspires to create an atmosphere where the children:

- Grow physically, mentally, spiritually, emotionally, and socially
- Grow to know God as Creator, Redeemer, and Helper.
- Learn to get along with others
- Learn more about themselves and the world around them
- Experiment, explore, and can cope with new situations

This upcoming fall, we are offering four preschool classes:

Class	Days	Times	Age	Tuition
2-day class	Tuesday and Thursday	9:30am-12:30pm	3yr and 4yr old children	\$300/month
3-day class	Monday, Wednesday, and Friday	9:30am-12:30pm	3yr and 4yr old children	\$420/month
4-day class	Monday – Thursday	1:30pm-4:30pm	3yr and 4yr old children	\$530/month
5-day class	Monday – Friday	9:30am-12:30pm	4yr and 5yr old children	\$650/month

If paying by credit card, a 4% service charge will be added.

To reserve a class for your child, your child MUST meet the following criteria and we will need the following completed paperwork:

- Children applying for preschool must be 3 years old by August 31st of the enrollment year.
- All preschool children must be **able to use the bathroom on their own.**
- Application and Parent Contract
- Immunization Record filled out on attached form and signed by parent or guardian or official copy from your pediatrician.
- Copy of Birth Certificate or Passport
- Photo release form
- **\$120 registration fee**

If you have further questions, please call, or email us.

In His service,

Paix Irigon

Preschool Director

Phone: (425) 869-6487

Email: preschool@allsaints-lcms.com



All Saints Lutheran Early Learning Center
 All Saints Lutheran Church
 5501 148th Ave NE, Bellevue, WA 98007
 Director: Paix Irigon ▪ (425) 869-6487 ▪ preschool@allsaints-lcms.com

Enrollment Application 2023-2024

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

2-day class (Tuesday and Thursday)	<input type="checkbox"/>	3-day class (Monday, Wednesday and Friday)	<input type="checkbox"/>
4-day class (Monday-Thursday) Afternoon	<input type="checkbox"/>	5-day class (Monday-Friday)	<input type="checkbox"/>

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 #** _____

Dentist'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.

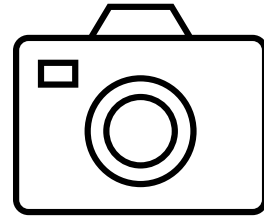
_____ (Initial) I understand that changes to this contract can only be made with director approval and Rise and Shine preschool reserves the right to adjust preschool schedule as needed upon 30-day notice.

_____ (Initial) **\$120 non-refundable registration fee due upon enrollment confirmation**

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

All Saints Lutheran Early Learning Center

Photo and Video Release and Consent Form



I hereby give permission for my child, _____
to be photographed or video recorded by All Saints Lutheran Early Learning Center
for the purpose of publicity for the preschool program sponsored by All Saints
Lutheran Church.

Parent Printed Name _____ Date _____

Parent Signature _____

Possible reasons for Photographing and/or Video Recording, but not limited to:

- Coat hook and cubby
- Displayed family pictures
- Class photograph
- Annual events (Christmas Program and Spring Program)
- Bulletin board display
- Classroom activities/lessons for teaching purposes