



**Peace Lutheran Preschool**  
 18615 SE 272<sup>nd</sup> St · Kent, WA 98042  
 253-631-5876 · preschool.peace@comcast.net

FOR OFFICE USE ONLY

Date reg. rec'd \_\_\_\_\_  
 Reg. fee/date pd \$ \_\_\_\_\_ / \_\_\_\_\_  
 May dep./date pd \$ \_\_\_\_\_ / \_\_\_\_\_  
 Class enrolled in:  
     Threes      Pre-K AM      Pre-K PM

Check which class you want your child enrolled in.

*(Please confirm with administrator that your spot is secured.)*

- Threes class** – meets Thursday and Fridays, 9:00-11:30 am  
*(child must be 3 on or before Aug. 31, and able to care for own toileting needs)*
- Pre-Kindergarten AM class** – meets Mondays, Tuesdays, & Wednesdays, 9:00-11:30 am  
*(child must be 4 on or before Aug. 31, and able to care for own toileting needs)*
- Pre-Kindergarten PM class** – meets Monday through Thursday, 12:30-3:00 pm  
*(child must be 4 or 5 on or before Aug. 31, and able to care for own toileting needs)*

Student's Full Name \_\_\_\_\_

Nickname \_\_\_\_\_ Gender: Male Female Date of Birth \_\_\_\_\_

Primary Address \_\_\_\_\_  
Street Address City Zip Code

Preferred Contact/Phone \_\_\_\_\_  
Name Phone Number

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**Family Information**

Parents' Status:  Married  Separated  Divorced  Single Other \_\_\_\_\_

Student lives with:  Both Parents  Mother Only  Father Only  Joint Custody  
 Mother & Stepfather  Father & Stepmother Other \_\_\_\_\_

Please list the names and birth dates of other children living in the home

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

| Mom/Guardian 1 Contact Info. | Dad/Guardian 2 Contact Info. |
|------------------------------|------------------------------|
| Name _____                   | Name _____                   |
| Phone: Cell _____ Home _____ | Phone: Cell _____ Home _____ |
| Email _____                  | Email _____                  |
| Employer _____               | Employer _____               |
| Job Title _____              | Job Title _____              |

May we publish your phone and address information for class lists?  Yes  No

### Emergency Information

Child’s Physician \_\_\_\_\_ Phone \_\_\_\_\_

Specific allergies and other conditions *(if food allergies, please contact preschool office for special forms and be aware that you will need to provide your child’s daily snack)*.

Child is insured under \_\_\_\_\_  
Insurance Company Name          Group Number          Member ID Number

If we cannot reach the parents listed on previous page in an emergency, who should we contact (please list in order)?

1. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Cell \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Cell \_\_\_\_\_

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**In Case of Emergency:** In the event that I cannot be reached, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send my child, properly accompanied, to the hospital or doctor most easily accessible. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. It is understood that I will assume full responsibility for payment of any services rendered.

Parent’s signature \_\_\_\_\_ Date \_\_\_\_\_

### Emergency Consent (For the Hospital or Physician Involved)

I, \_\_\_\_\_, the natural parent/legal guardian of  
*(Print parent name)*

\_\_\_\_\_ authorize and consent to medical, surgical and hospital  
*(Print child’s name)* 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 and I cannot be contacted. I waive my right of informed consent to such treatment.

Parent’s signature \_\_\_\_\_ Date \_\_\_\_\_

WITNESSED BY:

\_\_\_\_\_ and \_\_\_\_\_  
*(Witness signature) (Witness signature)*

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### Church Affiliation

Is your family active in church? \_\_\_ Yes \_\_\_ No          What church do you attend?\*

If Lutheran, which synod? \_\_\_\_\_

Would you be interested in contact from the pastor or member of Peace Lutheran Church? \_\_\_ Yes \_\_\_ No

*\*This is for our information only. Preschool admission is not based on religious background or interest.*

## Child Release

For daily drop-off and pick-up, if someone other than mom or dad will be the regular person, please list their contact info:

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_ Cell \_\_\_\_\_

We will only release your child to the parents/guardians listed on page 1 and only the adults you list below. We will require them to show photo ID and sign out your child.

I, \_\_\_\_\_, authorize the release of my child \_\_\_\_\_,  
(Print parent/guardian name here) (Print child's name here)

to be picked up from preschool, by the following adults during the school year:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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## Photo Consent

I hereby grant Peace Lutheran Preschool permission to take and use my child's photograph in connection with preschool activities, field trips and projects for use in school displays, portfolios, newsletters, slideshows and for education purposes.

These photographs are also used for promoting the preschool in brochures, on our website and in Facebook posts related to the preschool. When using photographs for this purpose a child's name will NEVER be published

\_\_\_\_\_ YES, I agree to have my child's photograph published in print and online.

\_\_\_\_\_ NO, I do not wish to have my child's photograph published.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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**Ethnic Origin\*** (Circle): American Indian · Asian · African American · Hispanic · Caucasian · Other \_\_\_\_\_  
(optional)

*\*In accordance with Biblical principles, state and federal laws, Peace Lutheran Preschool does not discriminate on the basis of race, color, nationality, or ethnic origin relative to admissions or administration of its educational programs. This information is used for statistical purposes only.*

## Financial Agreement

### Tuition summary for each class\*:

1. Threes class: (Children must be 3 years old by August 31)
  - Annual tuition is \$1,170.
    - For your convenience, we divide the tuition into 9 monthly payments of \$130 each (Sept-May; May's tuition is paid as a deposit at the time of registration).
2. Pre-Kindergarten AM class: (Children must be 4 years old by August 31)
  - Annual tuition is \$1,665.
    - For your convenience, we divide the tuition into 9 monthly payments of \$185 each (Sept-May; May's tuition is paid as a deposit at the time of registration).
3. Pre-Kindergarten PM class: (Children must be 4 years old by August 31)
  - Annual tuition is \$1,800.
    - For your convenience, we divide the tuition into 9 monthly payments of \$200 each (Sept-May; May's tuition is paid as a deposit at the time of registration).

\*Additional fee: non-refundable annual registration fee is \$85.00 (\$65.00 for members of PLC and for returning students).

### Financial Agreement with Peace Lutheran Preschool

#### Enrollment:

1. All past due tuition must be paid before registration.
2. To hold your child's spot at registration, you must submit a check for the registration fee plus a deposit, which is May's tuition paid in advance.
3. The registration fee is not refundable at any time.
4. If a child is withdrawn after June 30, the May tuition (deposit) is not refundable.

#### Tuition payment:

1. Checks, money orders, cash, or web bill pay through your bank are the forms of payment accepted (no credit cards).
2. Check, cash, and money order payments must be brought in and placed in the locked tuition box in the hallway. If cash, it is your responsibility to verify that we have received it: the best way is to get a receipt immediately. If you must mail a payment, put "ATTN: Preschool Administrator" on envelope.
3. Monthly tuition is due on the 1<sup>st</sup> of each month (Sept. – April). You may also pay for multiple months at once in advance.
4. There is a 10-day grace period on monthly tuition payments. For payments received after close of business on the 10<sup>th</sup> of the month, a late fee of \$10 will be imposed PLUS an additional \$1/per day thereafter. (If the 10<sup>th</sup> falls on a weekend or holiday, you have until the next business day.) If payment is not received by the 20<sup>th</sup> of the month, then the child will not be able to return to school until it is paid in full and is considered officially withdrawn. (See "withdrawal during the school year" below.) We will not accept a late tuition payment without the late fee included.
5. There is a \$39.00 fee on any returned (bounced) checks (plus late fee).
6. Refunds or credits cannot be given for absences, illness, or vacations. Additionally, tuition will not be pro-rated for any regularly scheduled absence during any school month.
7. The May tuition deposit may not be used to pay tuition for any other month of preschool.

#### Withdrawal during the school year:

1. Notify the school administrator 30 days in advance, in writing, preceding withdrawal. (Get form from office.)
2. There will be no refund of current month's tuition if a child has been enrolled for any part of the month.
3. The May tuition deposit may not be applied to any previous or final month's tuition and is non-refundable.
4. If a student is withdrawn, then later re-enrolls, then all enrollment costs are re-incurred (reg. fee + deposit).
5. Upon withdrawal, the student loses his/her spot to the next person on the waiting list.

*I have read the above policy and agree to comply with the terms stated. (For your future reference, the above information is in your Policy Manual, included in your registration packet.)*

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

## Disciplinary Policy for Aggressive Behavior

As a staff, we are committed to providing a safe and nurturing environment for each child. We present this policy with your child's welfare in mind.

This policy is directed toward what would be considered "aggressive behavior" by a child. We define aggressive behavior as: hitting, biting, pushing (hard), kicking and/or wrestling.

When/if aggressive behavior is displayed, the following steps will be taken:

1. Our first step is "If you hit, you sit," with a memo going home to the parent/guardian about the incident.
2. After 3 incidents, the child will be removed from the classroom, a phone call will be made to the parent/guardian, and the child will be taken home that day.
3. After 3 calls a letter will go home, indicating possible removal from the program if the situation does not improve.
4. After the letter, the board will make a determination, as to whether the child should be removed from the program.

In order for this policy to be effective we need parent(s)/guardian(s) full cooperation. Please support steps taken by the staff. It is our desire to work with you and your child toward a positive outcome of forgiveness and growth.

I have read the above policy and agree to comply with the terms stated.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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## Pick-Up Policy

Children must be picked up promptly at dismissal. Not only is it unsettling and often frightening for the child, late pick-ups disrupt the teachers' schedule. The teachers need time between classes to prepare for the next class session.

Charges for late pick-ups are as follows: \$1 per minute after pick-up time. You do not have to pay at that time. Once a month, the administrator will distribute late fee notices.

I have read the above policy and agree to comply with the terms stated.

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_

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## General Policy Agreement

I \_\_\_\_\_  
(Print your name) acknowledge that I have received and agree to abide by the policies set forth in the Peace Lutheran Preschool Policy Manual for families (enclosed in this registration packet).

Parent's signature \_\_\_\_\_ Date \_\_\_\_\_



# Getting to Know You and Your Child

Class: (Check one)  
 3 yr. old class  
 Pre-K. class AM  
 Pre-K. class PM

Child's Full Name: \_\_\_\_\_

Name I'd like to be called in school: \_\_\_\_\_

Name I'd like to learn to write: \_\_\_\_\_

**Fill out this section with your child**

My favorite toys/activities are: \_\_\_\_\_

\_\_\_\_\_

Things I am afraid of... \_\_\_\_\_

My favorite books are... \_\_\_\_\_

When I am outside, I like to: \_\_\_\_\_

My favorite foods are: \_\_\_\_\_

\_\_\_\_\_

What are some things your child would like to learn more about? \_\_\_\_\_

\_\_\_\_\_

Has your child attended preschool before? YES NO Where? \_\_\_\_\_

For how long? \_\_\_\_\_

Does your child know someone in his/her class? \_\_\_\_\_

Are there any developmental or health concerns that we should be aware of including allergies, therapist, potty issues, separation anxiety, etc.? \_\_\_\_\_

\_\_\_\_\_

What behaviors should we be aware of (tendency to run off, put things in mouth, sensitivity to noises)?

\_\_\_\_\_

\_\_\_\_\_

Has your child had any recent changes such as moving, new sibling, first experience in preschool, death, etc. that might affect their learning development and/or disposition? \_\_\_\_\_

\_\_\_\_\_

Is your child and/or family bi-lingual? If so, which languages? \_\_\_\_\_

How do you discipline your child? \_\_\_\_\_

How do you expect your child to be disciplined in school? \_\_\_\_\_

In the space provided please let us know of any goals you have for your child for the duration of this school year. With this information, we can work together to foster your child's development through our curriculum.

\_\_\_\_\_  
\_\_\_\_\_

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### Parent Volunteer Opportunities

The staff at Peace Lutheran Preschool would like to invite any parent (or grandparent) who wishes to volunteer their services and talents to fill out the following questions. Parent participating is not a requirement, simply an invitation.

\_\_\_\_\_ \*Volunteering time in the classroom indoor or outdoor (nature enthusiast, cooking projects, sharing a skill (i.e. carpentry, sewing, musical talents), sharing your culture, sharing your career, etc.).  
Please list your talents below...

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ Outside the classroom (Make play dough, donating healthy snacks, donating recyclables/art supplies)

\_\_\_\_\_  
\_\_\_\_\_

*\*We conduct national criminal background checks on all classroom volunteers. Also, we cannot accommodate siblings during in-classroom volunteering.*

How did you first find out about Peace Lutheran Preschool (sign/banner, website, if a referral, whom can we thank for referring you)?

\_\_\_\_\_

