

REGISTRATION FORM 2010-2011



"Where kids love to learn and learn to love"

Check desired class:

- | | |
|---|--|
| <input type="checkbox"/> Older 2's Class | Mon/Wed 9:30-11:30 (\$130.00) |
| <input type="checkbox"/> 3's Class | Tues/Thurs 9:15-11:45 (\$180.00) |
| <input type="checkbox"/> 3's Class w/ Lunch Bunch | Tues/Thurs 9:15-1:00 (\$230.00) |
| <input type="checkbox"/> 4's Class | Mon/Wed/Fri 9:15-11:45 (\$225.00) |
| <input type="checkbox"/> 4's Class w/ Lunch Bunch | Mon/Wed/Fri 9:15-1:00 (\$300.00) |
| <input type="checkbox"/> Pre-k Class | Mon/Tues/Wed/Thurs 9:15-11:45 (\$305.00) |
| <input type="checkbox"/> Pre-k Class w/ Lunch Bunch | Mon/Tues/Wed/Thurs 9:15-1:00 (\$405.00) |

once a week Lunch Bunch offered for 3's, 4's, and Pre-k students (\$25.00/month)

****\$125.00 Registration Fee plus May's tuition is due at time of registration.****

Child's Name: _____ Birth date: _____ Circle: Male or Female

Address _____ Home Phone _____

City _____ Zip Code _____

Father's Name _____

Mother's Name _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone _____

Work Phone _____

Home Phone _____

Home Phone _____

Cell Phone _____

Cell Phone _____

Pager _____

Pager _____

Email _____

Email _____

Language spoken at home: _____ Child resides with: Mother Father Both Parents

Alternate address of other parent: _____

List persons (other than parent/guardians) authorized to pick up your child from preschool:

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Office Use Only

Student Name: _____ Class Assigned: _____ Date Received: _____

Circle one: Current Student Sibling Church Member/Alumni Open Enrollment

Class Assigned: _____ Total Check Amount: _____ Check #: _____

Wait List For: _____ Withdrawal Date: _____ Deposit Returned: _____

Medical and Personal Information

Child's doctor _____ Phone _____ Hospital preference _____

Does your child have any life threatening allergies? _____ To what? _____

Are there any health concerns or conditions that we should know about ? (such as speech delays, ADD/HD, hearing challenges, etc.)

How did you hear about our preschool? _____

List other children in the home and their ages _____

Are you an active member of Sammamish Hills Lutheran Church? (Circle one) Yes No

Home Church/Church affiliation _____

Are you interested in learning more about Sammamish Hills Lutheran Church? (Circle one) Yes No

Consent to Photograph

I give permission for my child to be included in pictures and videos connected with the school program. Sammamish Hills Preschool does not publish pictures in newspapers or other media without separate permission being given by the parent.

Signed _____ Date _____

Financial Agreement with Sammamish Hills Lutheran Preschool

Enrollment:

1. All past due tuition must be paid before registration for the 2010-2011 school year.
2. The non-refundable registration fee of \$125 plus a pre-payment for May's tuition must be paid at the time of registration.
3. All completed enrollment forms must accompany the fees at the time of registration.
4. **If a child is withdrawn after June 15, 2010 the tuition deposit (May 2010) is not refundable unless the space is able to be filled by June 30, 2010.**

Tuition Payments:

1. I understand that the monthly tuition is due on the 1st of each month and that an additional \$25.00 will be charged on payments received after the 10th of the month, unless prior arrangements have been made with the director. Payments may be mailed directly to the school or deposited in the "tuition box" at school by the 10th of the month in order to avoid a late fee. Account balances must be paid in full each month unless prior arrangements have been made with the director.
2. I agree to pay a \$25.00 service fee on any returned checks.
3. Refunds or credits cannot be given for absences, illness, vacations or school closures due to weather or emergency situations. Tuition will not be pro-rated for any regularly scheduled absence during any school month.
4. The deposit may only be credited toward the May 2010 tuition, and may not be used to pay tuition for any other month of preschool.

Withdrawal During the School Year: (PLEASE READ CAREFULLY)

1. To withdraw from SHLP I agree to notify the director by completing an "Early Withdrawal Notification" form 30 days prior to withdrawal date. If the space is filled within 30 days, my tuition deposit will be refunded. If the space remains unfilled after the 30 day notification period the tuition deposit will not be refunded.
2. There will be no refund of the current month's tuition if a child has been enrolled for any part of the month.
3. I understand that the deposit may not be applied to any previous month's tuition, other than May 2010.

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

Signed _____ Date _____

___ I would like to receive information regarding SHLP's "Guardian Angel" Tuition Assistance Program