



Faith Lutheran Preschool Registration Form 2023-2024 School Year

PO Box 925, 354 W. Cedar Street, Sequim, WA 98382
faithlutheranpreschoolsequim@gmail.com (360) 681-7126

Child's Name: _____

Birthdate: _____

Name child goes by: _____

Age: _____ F M

Mother/guardian : _____

Cell #: _____

Address & City: _____

Work #: _____

Email: _____

Home #: _____

Father/guardian: _____

Cell #: _____

Address & City: _____

Work #: _____

Email: _____

Home #: _____

Custody/Visitation arrangements (if applicable): _____

Church preference/home church: _____

Our Programs: (Circle your choice)

3's Class (3 years old by 8/31/23)	Tues & Thurs 8:45 - 11:15	\$150/mo
4's Pre-K Class (4 years old by 8/31/23)	Mon, Wed & Fri 8:45 - 11:15	\$210/mo
4's Pre-k Class	Mon - Fri 8:45 - 11:15	\$300/mo
Afternoon Program (3 & 4 Year Olds)	Tues & Thurs 12:30 - 3:00	\$150/mo

\$120 Non-Refundable Registration & Materials Fee is *Due at time of Registration*. This guarantees your child's enrollment in the chosen class for the upcoming 2023-2024 school year.

All kids must be potty trained!

Our method of tuition payment is electronic funds transfer (included in packet). Tuition is withdrawn on the 1st of each month (September through May). An email will be sent to all pre-registered families during the summer announcing the date and times of the Open House. **Your child's registration is not considered complete until we receive the registration fee and student information packet.**

Enrollment is limited to 15 students in the 3's class, and 16 students in the 4's and mixed 3 / 4's classes. Return this registration packet and registration fee as soon as possible to reserve your student's spot.



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Siblings (please indicate ages and whether or not they live with the child): _____

Special food or eating instructions: _____

Has your child had previous group/preschool experience? Describe: _____

Briefly describe your child's personality: _____

Fears: _____

Additional information such as special interests, discipline, child's communication, comforting, and/or stresses in their life, (new baby, divorce, moved recently, death in the family, etc) that we should be aware of: _____



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Person(s) (other than parents/guardians) to be notified in case of emergency:

1. Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Relationship to child: _____

2. Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Relationship to child: _____

Child's Physician: _____ Phone: _____

Names of person(s) other than parent/guardian to whom the child may be released to:

	Name	Cell	Work/Home Phone
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____



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Financial Agreement

Classes will meet September through May. Tuition payments for September through May are paid by automatic deposit. With automatic deposit, the tuition payment will come out of your account on the first business day of the month.

Tuition for the school year of September 2023 - May 2024 is as follows:

3's Class Tues / Thurs	\$150.00/mo
4's Pre-K Class Mon / Wed / Fri	\$210.00/mo
4's Pre-K Class Mon - Fri	\$300.00/mo
Afternoon (3 & 4 yo) Tues / Thurs	\$150.00/mo

NOTE: 30 days written notice of intent to withdraw from the program is required. A full month tuition must be paid even if withdrawal is mid-month. Non-payment of tuition may result in removal of our program.

Parent/Guardian Signature: _____

Printed Name: _____

Date: _____



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Health Record and Immunization

At Faith Lutheran Preschool, we honor the families choice regarding the healthcare decisions of their child.

Please be aware of the Washington State Department of Health regulations that state any child attending school, preschool, or child care in the State of Washington is required by law to be fully immunized.

In order to comply with the Department of Health requirements and complete your child's registration, please include either the most current immunization record, a medical exemption, or a religious/personal exemption form* signed by your child's pediatrician/physician.

If you have questions regarding what immunizations are required, please either speak with your child's pediatrician/physician, or refer to the Washington State Department of Health website. <https://doh.wa.gov/community-and-environment/schools/immunization>

*exemption information found under RCW 28A.210.090

If your child's immunization record or signed medical exemption form is not provided at the time this registration packet is turned in, you may email a copy to: faithlutheranpreschoolsequim@gmail.com

Immunization paperwork must be turned in to the school no later than the day prior to the first day of the 2023-2024 school year. Refusal to provide this information may result in a delay of start for your child's school year, or loss of your child's spot in your chosen class.

- ❖ Current Immunization Form enclosed: _____
- ❖ Medical Exemption Form enclosed: _____
(must be completed and signed by a licensed medical professional)
- ❖ Immunization or Exemption Form will be emailed: _____

Guardian Signature: _____

Printed Name: _____

Date: _____



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Emergency Medical Release Form

Child's Full Name: _____

As the parent/custodian of the child listed above, I grant my authorization and consent for the staff of Faith Lutheran Preschool to administer general first aid treatment of minor injuries or illnesses. If the injury is severe, I authorize them to give consent to professional emergency personnel to attend, transport and treat the minor as deemed necessary by a licensed medical provider. I authorize the designated staff of Faith Lutheran Preschool to exercise their best judgment upon the advice of medical or emergency personnel.

This authorization is valid for the 2023- 2024 school year.

Known Allergies & Medications: _____

Guardian Signature: _____

Printed Name: _____

Date: _____



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Travel Release Form

Child's Full Name: _____

I hereby grant permission for my child to leave the Faith Lutheran Preschool premises under the direct supervision of a designated staff member for neighborhood walks that have been announced for the school year 2023-2024

As the parent/custodian of the child listed above, I hereby release, waive, and agree not to sue Faith Lutheran Church and Faith Lutheran Preschool, its staff, board, and/or representatives for any legal or financial responsibility, claim, or actions resulting from possible or real injury to my child due to accident or impending circumstances while participating in school activities sponsored by the school or returning to the school building.

Guardian Signature: _____

Printed Name: _____

Date: _____



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Video / Photography Release Form

Child's Full Name: _____

I hereby grant permission for my child to be photographed or videotaped by the staff of Faith Lutheran Preschool for the school year 2023 - 2024. I understand these photos may be viewed by the children, parents, and staff of the school. This may include photographs on the bulletin board at school or Faith Lutheran Church, in the church newsletter, the school year-end slide show, on our website and/or Facebook page. No names will be put online.

_____ YES, I GIVE MY PERMISSION

_____ NO, DO NOT PHOTOGRAPH OR VIDEOTAPE MY CHILD

Guardian Signature: _____

Printed Name: _____

Date: _____



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CONFIDENTIAL REQUEST FOR FINANCIAL ASSISTANCE

Name: _____

Address: _____

Phone Number: _____

Child's Name: _____

Please give a brief summary of reasons you are requesting assistance at this time:

I estimate I will need _____ months of assistance.

I will volunteer my time and other resources to assist in the education of my child. I would like to help in the following ways:

___ as a classroom helper ___ with field trips ___ at parties

___ with the Christmas Bazaar ___ taking home items for class preparation

___ other (please list ways you might help) _____

I understand that the monies for the scholarship financial assistance are donated by individual members of Faith Lutheran Church congregation members. These individuals are happy to be in partnership with you in helping your child to grow. Our congregation pledges to keep you in prayer.

Preschool Board Determined Amount to be Awarded: _____