

Acknowledgement of Policies

I agree to pay a non-refundable registration fee of \$75.

I agree to make tuition payments in advance, due the 1st of each month, beginning July 1st. I will pay the non-refundable supply fee with the tuition payment in July.

I understand that I will owe a late fee of \$10 if my tuition payment is not made by the 15th.

I agree to pick up my child promptly when class dismisses. If I am late, I agree to pay \$10 for each 10-minute period that requires staff to remain with my child.

Parent Signature _____

Date _____

*Little Church on the Prairie Preschool
6310 Motor Avenue SW
Lakewood WA 98499
253-588-6631*

Class: Junior Senior PreK
Today's Date: _____
Registration fee paid: _____

Registration Information:

Last Name: _____

Child's Name: _____ Date of Birth: _____

Male/Female (circle) What should he/she be called at school? _____

Father's name (first & last)

Mother's name (first & last)

Mailing Address City & ZIP

Mailing Address City & ZIP

Home Phone Cell Phone

Home Phone Cell Phone

Email Address

Email Address

Father's Occupation

Mother's Occupation

With whom does child live? _____
(Include relationship and mailing address if other than parents.)

Name and mailing address of party responsible for tuition payment if other than parent: _____

Are parents church members? _____ Church Name: _____

If not members of a church, what is the family's religious preference? _____

Other children and/or adults in the home (name, relationship, age):

IF NECESSARY, PLEASE USE A SEPARATE SHEET OF PAPER TO FURTHER EXPLAIN ANY OF THE FOLLOWING:

Allergies:

List any foods child should not be served at preschool: _____

Serious illnesses, accidents, or traumatic experiences: _____

Does child have any physical or mental handicap? _____

Does child speak plainly and easily? _____

List child's previous group experiences: _____

Interest/hobbies/talents of parents and/or other family members: _____

Would you consider sharing these with the class? _____

LITTLE CHURCH ON THE PRAIRIE PRESCHOOL

FEE PAYMENTS:

I understand that my child's tuition rate for preschool is based on a full school year, September through May, and that for the convenience of the parents LCOP Preschool will accept nine equal installments (July through March).

I further understand that I will be required to confirm my child's enrollment in the program by payment of the first installment, which is due on July 1.

I understand that it is the policy of the LCOP Preschool to charge a fee of \$15.00 for any check returned by the bank for any reason.

Initials of parent/guardian _____

SIGNATURE OF PARENT OR GUARDIAN: _____ Date: _____