

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: \_\_\_\_\_