

# Enrollment Application

Academic Year 2021-2022

Precious Little Lambs Preschool

214 S. Weber Rd.

Deer Park, WA 99006

509-276-5268

www.deerparkfaithlutheran.com

## STUDENT INFORMATION

Preschool: 2 days/week

Pre-Kindergarten: 3 days/week

Pre-K Plus (+): 4 days/week

8:30 a.m. - 11:30 a.m. Tues, F

8:30 a.m. - 11:30 a.m. M,W,Th

8:30 a.m. - 11:30 a.m. M,W,Th, + 11:30 p.m.-2:30 p.m. Tues.

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Mailing Address & Physical Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Birth Date

Gender:  Male  Female

\_\_\_\_\_  
Church home

## PARENT INFORMATION

Marital Status:  Married  Divorced  Separated  Single Parent

Student Resides with:  Both Parents  Mother  Father  Shared Custody  Guardian

\_\_\_\_\_  
Father's Name

\_\_\_\_\_  
Mother's Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Employer

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Business Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Guardian (if child is not in parental custody)

\_\_\_\_\_  
Guardian Relationship (grandparent, foster parent etc)

Sibling Information:

Brother

Sister

\_\_\_\_\_  
Name

\_\_\_\_\_  
age/d.o.b.

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School

Brother

Sister

\_\_\_\_\_  
Name

\_\_\_\_\_  
age/d.o.b.

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School

Brother


Sister

\_\_\_\_\_  
Name

\_\_\_\_\_  
age/d.o.b.

\_\_\_\_\_  
Grade

\_\_\_\_\_  
School

Continued on back 

## PARENT COMMITMENT

As parents, we (I) understand that we are entering into an educational partnership with Precious Little Lambs Preschool. We commit ourselves to:

- Uphold and support the mission and ministry of Precious Little Lambs Preschool.
- Work closely with the teachers in carrying out all aspects of our child's education.
- Observing scheduled class times and informing the school when my child will be late or absent.
- Have regular communication with the teacher and if available volunteer when needed.
- Read the parent handbook and support the teaching staff and administration by following all policies and procedures.
- Meeting tuition obligations in a timely manner.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Contact Information of person(s) responsible for payment of tuition and fees IF DIFFERENT from names above.**

\_\_\_\_\_  
Responsible Party Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cell Phone

\_\_\_\_\_  
Responsible Party Signature

\_\_\_\_\_  
Date

### Anticipated Payment Schedule

- One In-Full Payment due prior to September 15th (registration fee will be waived)  
 Ten Monthly Payments due August - May

-----  
**Emergency Contact Information (person other than parents)**

\_\_\_\_\_  
Name/Relationship to child

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Child's Doctor

\_\_\_\_\_  
Phone Number

# PRECIOUS LITTLE LAMBS PRESCHOOL

## Financial Contract Form 2021-2022

Student Name: \_\_\_\_\_  
Last First

**REGISTRATION FEE:** Holds Place in Class - Due at time of registration. (Non-refundable)

Due each year upon enrollment - **\$50.00** (Will be waived for in-full payment of annual tuition if received prior to Sept. 15<sup>th</sup>.)

**TUITION PAYMENTS:** Due in 10 equal payments. The monthly payment amount is 1/10 of the total years' tuition and does not reflect on how many days of school there are in a particular month. The entire cost of the year is averaged out into 10 equal payments, payable Aug.—May.

Preschool (2 days/week) - **10 payments of \$175.00** (annual total of \$1750.00)

Pre-K (3 days/week) - **10 payments of \$240.00** (annual total of \$2400.00)

Pre-K+ (4 days/week) - **10 payments of \$320.00** (annual total of \$3200.00)

Tuition payments cover the cost of supplies and salaries. All other costs, such as insurance, are covered through mission giving by Faith Lutheran Church.

Tuition payments, as designated on your billing statement are due no later than the 15<sup>th</sup> of the month prior. i.e. the 1st tuition payment is due by August 15<sup>th</sup>. Payments over the minimum amount will be applied to future months.

**\*\*Payments not received by the 1st of the month will be charged a \$25.00 late fee.**

\*In multiple student families, the youngest child will receive a 10% discount on tuition.

\*Full annual tuition paid by September 15<sup>th</sup> will waive the registration fee.

*Members of Faith Lutheran Church* will receive a 10% discount from the monthly tuition for each child or grandchild enrolled in Precious Little Lambs Preschool.

-----  
I understand that my minimum monthly payment is due on the 15<sup>th</sup> of each month, Aug.-May, and that any payment not received by the 1<sup>st</sup> of the following month I will be charged a \$25.00 late fee. If my account is not brought current by the first of the following month, this may result in removal of my child until my account is brought up to date. Also, any payment over 90 days past due will be sent to a collections agency with a service fee added to cover that expense, and will be reported to the Credit Bureau. I understand that the person listed as my emergency contact may be contacted about billing issues if deemed necessary by the school. If my child does not attend school for part of the month, I agree to pay the entire applicable tuition. Tuition will continue to accrue unless my child is officially disenrolled.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

# **PRECIOUS LITTLE LAMBS PRESCHOOL**

## **Liability Release**

**2021-2022**

I, the undersigned parent/guardian of the student named below, agree to not hold Precious Little Lambs Preschool, Faith Lutheran Church, or its staff, liable for any accident or injury that may occur while my child is attending school. I further give my permission to the teachers and the director to contact my child's physician and or Deer Park Urgent Care to have my child treated for an emergency (at my own expense) when parent/guardian cannot be reached.

To the best of my knowledge my child is in good physical condition and has had either all necessary immunizations or I have provided the school a signed immunization opt out form. I assume full responsibility for my child when he/she is ill, and will not allow him/her to attend school while ill or not fully recovered from illness.

Student's Name: \_\_\_\_\_

---

Parent/Guardian Signature

Date

# PRECIOUS LITTLE LAMBS PRESCHOOL

## Permission Slip

2021-2022

We are planning several field trips for the school year. As always we need and appreciate the help of the parents. We feel that it will be easier to keep track of permission slips if we have a slip to keep in our files. We will always let you know in advance when the field trips will be, as well as if anything special will be needed or any extra expense is involved.

Washington's Child Passenger Restraint Law (**RCW 46.61.687**) requires: Children under age 8, unless they are 4'9" tall (whichever comes first), must be restrained in an **appropriate child restraint system** (car seat or booster seat).

If you are unable to make it to the field trip, your child's car seat or booster will need to be left at the school that day.

If you have any questions or concerns, please contact the Director anytime, at 276-5268.

-----

My child \_\_\_\_\_, has my permission to go on field trips with Precious Little Lambs Preschool. I am familiar with the mode of transportation, leadership accompanying the group and other circumstances of the trip.

I understand that if I am unable to accompany my child to the field trip, I will be required to leave his/her car seat or booster at school that day for use in another vehicle.

I certify that my child is in good health and can participate in all normal activities, (state any exception below).

Health limitations:

\_\_\_\_\_

I understand that reasonable measures will be taken to safeguard the health and safety of the group. I will be notified as soon as possible in the case of an emergency. In case of sickness or accident, I authorize any necessary emergency procedures.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(Parent/Guardian signature)

# PRECIOUS LITTLE LAMBS PRESCHOOL

## Student Information

2021-2022

This form is designed to provide us with any addition pertinent information that you feel may help us with your child. Please fill out what you are comfortable with.

Name of student: \_\_\_\_\_ Date: \_\_\_\_\_

1. Does your child have any fears we should be aware of? Please specify: \_\_\_\_\_

\_\_\_\_\_

2. Does your child have any allergies, asthma or other medical issues? \_\_\_\_\_

\_\_\_\_\_

3. Are there any foods your child should **NOT** eat? \_\_\_\_\_

\_\_\_\_\_

4. Is there anyone your child should **NOT** go home with? (please provide a copy of court orders if a **parent** is not allowed contact with the child) \_\_\_\_\_

\_\_\_\_\_

5. Do you as a parent have any special concerns or questions? \_\_\_\_\_

\_\_\_\_\_

6. Is this your child's first experience in a large group of children? \_\_\_\_\_

If Yes, what types of experiences has he/she had? \_\_\_\_\_

\_\_\_\_\_

7. Is your child \_\_\_\_\_ excited or \_\_\_\_\_ apprehensive about this school year?

What is he/she most excited or apprehensive about? \_\_\_\_\_

\_\_\_\_\_

# PRECIOUS LITTLE LAMBS PRESCHOOL

## Transportation Permission Form

2021-2022

Listed below are the names and telephone numbers of people who may pick up my child while he/she is enrolled at Precious Little Lambs Preschool. I understand that unless a person's name appears on the list, he/she will not be allowed to take my child from the school premises unless prior arrangements have been made with the Teacher. You may make changes to this list at anytime, please contact the Director for access to your child's file.

<u>Name</u>	<u>Telephone Number</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/Guardian Signature)

# PRECIOUS LITTLE LAMBS PRESCHOOL

## Photography Release

2021-2022

I, the undersigned parent/guardian of the student named below, agree to let Precious Little Lambs Preschool, publicly post photographs of my child along with their first name only. This may include both inside the school/church building and on the school web-site as indicated below. If you have any questions about the manner in which photographs are used, please see the Teacher/Director.

\_\_\_\_\_ Yes, you may post photographs of my child within the school/church building.

\_\_\_\_\_ Yes, you may post photographs of my child on the school web-site.

\_\_\_\_\_ No, please do not post photographs of my child.

Student's Name: \_\_\_\_\_

---

Parent/Guardian Signature

Date