**Fairview Christian Preschool**

**“…They will soar on wings like eagles…”**

 **Isaiah 40:30-31**

**Fairview Christian Preschool**

PO Box 1281

385 O’Brien Road

Port Angeles, WA 98362

457-5905

477-9133

Please submit your completed application to the preschool office with the $50.00 non-refundable registration and materials fee to hold a place for your child.

**WELCOME**

Thank you for expressing an interest in Fairview Christian Preschool. As part of the application process, we invite you to carefully read through this information packet. We also encourage you to make an appointment to come in and visit the preschool facility. Please give our office a call if you have any questions. We look forward to meeting you and serving your family in the future.

Thank you,

Rachel Sharp

**FAIRVIEW CHRISTIAN PRESCHOOL**

**2021-2022 Application for Enrollment**

Non-Refundable Registration and Materials fee of $50.00

Please make check payable to: Fairview Christian Preschool

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Last Name | First | Middle | Answers To |
| Date of Birth | Present Date | Starting Date | Male or Female |
| Preschool (age 3 by 9/1) | Pre-K (age 4 by 9/1) | Where will child attend kindergarten? |

Parent/Guardian 1

|  |  |
| --- | --- |
| Name Mr/Mrs/Ms | Home Phone |
| Home Address | Work Phone |
| City/Zip | Cell Phone |
| Relation to Student | Lives with Student Y or N |
| Employer/Occupation | Billing Party Y or N |

EMAIL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian 2

|  |  |
| --- | --- |
| Name Mr/Mrs/Ms | Home Phone |
| Home Address | Work Phone |
| City/Zip | Cell Phone |
| Relation to Student | Lives with Student Y or N |
| Employer/Occupation | Billing Party Y or N |

Sibling Information

|  |  |  |
| --- | --- | --- |
| Name | Age | School |
| Name | Age | School |
| Name | Age | School |
| Name | Age | School |

Dismissal Authorization (other than parents, child will be released ONLY to persons indicated below)

|  |
| --- |
| The following are authorized to remove\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ from school; |
| Name | Relationship | Daytime phone |
| Name | Relationship | Daytime phone |
| Name | Relationship | Daytime phone |

Emergency Contacts (Parents will be the first contacted. Please list order in which friends or relatives should be contacted if we are unable to make contact with parent.)

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Daytime Phone |
| Name | Relationship | Daytime Phone |
| Name | Relationship | Daytime Phone |

Natural Disaster Contact (Please list a contact at least 100 miles away, a different state if possible. If phone lines in the area are down, we will be able to communicate through this person. )

|  |  |  |
| --- | --- | --- |
| Name | Relationship | Daytime Phone |

What are your three priorities regarding the total education of your child?

|  |
| --- |
|  |
|  |
|  |

What would you like for your child to learn about God?

|  |
| --- |
|  |

Church Affiliation: Denomination:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Information (Please share any information that will help us know your child better.)

|  |  |
| --- | --- |
| Type of previous group or preschool experience? | Where? |
| Other languages spoken in your home | Eating behaviors |
| Fears your child may have |
| Any unusual experiences your child may have had (moving, hospital stay, loss of someone close)? |
| Likes and dislikes |
| Play habits |
| Home situation |

Medical Information

|  |  |
| --- | --- |
| Doctor/Clinic  | Phone |
| Insurance Company | Policy Number |
| Allergies |
| Medical Concerns |
| Physical Limitations |
| Other |

Consent to Medical Care and Treatment of a Minor Child

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the undersigned, parent or legal guardian of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, give permission that s/he may be given emergency treatment to include first aid and CPR by a qualified staff member of Fairview Christian Preschool. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child’s regular physician, or when that physician cannot be reached by a licensed physician or hospital when deemed advisable by the physician to safeguard my child’s health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize Fairview Christian Preschool to take my child to a hospital, and I agree that I will pay for all physician’s and hospital bills, and Fairview Christian Preschool shall not be responsible for them. I do not hold Fairview Christian Preschool or Fairview Bible Church responsible or liable for any action necessary in the emergency care of my child.

Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enrollment Agreement

*For Office use only*

Entered on computer\_\_\_

Invoice number \_\_\_

Registration applied \_\_\_

**Fee Schedule**

\_\_\_Preschool (Tuesday/Thursday) **8:30-11:00** $1,125/year $125/month (Sept-May)

\_\_\_Prekindergarten (Mon/Wed/Fri) **8:30-11:30** $1,350/year $150/month (Sept-May)

If you have a sibling attending the Preschool during the same time period you will get a $5.00 deduction per child per month.

The first payment is due during the first week of school. All following payments are due on the 1st of the month but will be accepted without a late fee until the 10th. . A late fee of $20.00 will be charged if payment not made by the 10thth of the month

My annual Tuition from the fee schedule will be: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am selecting from the following payment plan:

 \_\_ Payment in full *OR* $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_Nine-month payment plan $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/month

 \_\_ Deducted rate per sibling $\_\_\_\_\_\_\_\_\_\_\_\_\_\_/month

Please initial after reading each statement:

\_\_\_\_\_ I understand that tuition is due the first Monday of each month unless a written agreement has been made with the director of bookkeeping. I also understand that I pay for the number of days reserved for my child regardless of attendance.

\_\_\_\_\_ I understand that all tuition must be paid in full by May 31st of the preschool year my child is enrolled in.

\_\_\_\_\_ I understand that there is a late fee that may be added to my balance as noted of the fee if my account should become delinquent.

\_\_\_\_\_ I understand that my registration will not be processed until the annual materials registration fee has been received by the bookkeeper.

\_\_\_\_\_ I understand that my first tuition payment will be due during the first week of school.

\_\_\_\_\_ I have received and read the preschool handbook.

Date\_\_\_/\_\_\_/\_\_\_\_\_ Signature of parent/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature of teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_