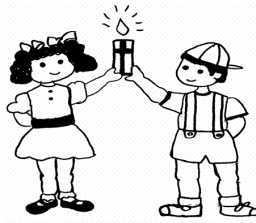


Beautiful Savior Preschool  
 PO Box 1326  
 2306 Milton Way  
 Milton, WA 98354  
 Phone: (253) 922-6977  
 Fax: (253) 922-7953  
 kancira@mybslc.com



Please complete this form and return it with:  
 \* Current Immunization form  
 \* \$60.00 Non-Refundable registration fee  
 \* \$90.00 Non-Refundable supply fee

**2010-2011  
 BEAUTIFUL SAVIOR PRESCHOOL  
 Registration Form**

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Birthdate \_\_\_\_\_ Male \_\_\_\_ Female \_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle Name

\_\_\_\_\_  
 Preferred Name Person Child Lives With Primary e-mail

\_\_\_\_\_  
 Mother's Last Name First Name Middle Name

\_\_\_\_\_  
 Home Address City State Zip Home Phone

\_\_\_\_\_  
 Mother's Employer Work Phone Other Phone (Cell, Pager)

\_\_\_\_\_  
 Father's Last Name First Name Middle Name

\_\_\_\_\_  
 Home Address City State Zip Home Phone

\_\_\_\_\_  
 Father's Employer Work Phone Other Phone (Cell, Pager)

Marital Status \_\_\_ Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Separated \_\_\_ Living Together

Name and Age of Siblings:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

GLASSER 3'S T/TH  
 HOHNSTEIN 4'S M/W/F  
 ELVINS PK M-TH  
 RETURNING STUDENT YES NO  
 PERMISSION TO PUBLISH YES NO  
 PRAYER PARTNERS YES NO  
 MEDIA USE YES NO

**FOR OFFICE USE ONLY**

DATE RECEIVED \_\_\_\_\_  
 REGISTRATION FEE \_\_\_\_\_  
 AUGUST 2010 TUITION \_\_\_\_\_  
 IMMUNIZATION \_\_\_\_\_  
**TUITION PAYMENT OPTIONS**  
 AUTO PAY CHECKING/SAVINGS \_\_\_\_\_  
 CREDIT CARD \_\_\_\_\_  
 CHECK/CASH \_\_\_\_\_

**HEALTH INFORMATION**

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

Allergies \_\_\_\_\_

Emotional, Physical problems \_\_\_\_\_

If my child becomes ill or has an accident and I cannot be reached, I request that the following physician be called to render first aid and/or emergency treatment. If necessary, I authorize emergency treatment by any licensed physician or hospital.

Hospital you prefer in an emergency \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

My child has the following health needs the school should be aware of (seizures, ADD, asthma, etc.)

\_\_\_\_\_

I authorize school personnel to act according to the instructions I have indicated above. If parents or authorized physician cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the hospital or doctor most easily accessible. It is understood that I will assume full responsibility for payment of any services rendered.

With this signed agreement I/we absolve the teacher, Beautiful Savior Lutheran Church and Preschool, and any and all members of its governing boards of any responsibility for the safety, welfare, health, and well-being of the child named above, beyond such matters as may be called reasonable care for children in the custody of school personnel and subject to their clear instructions, and assume personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above named child.

**(DO NOT SIGN UNLESS IN THE PRESENCE OF A NOTARY)**

You may have this document notarized by Beth Boyd at the Church Office. Please be prepared to show one piece of Identification at time of notarization.

\_\_\_\_\_  
Parent's Signature Date \_\_\_\_\_

State of Washington

County of \_\_\_\_\_

I certify that I know or have satisfactory of evidence that \_\_\_\_\_ is the person who appeared before me, and said person acknowledged that (he/she) signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
My appointment expires

**EMERGENCY CALL LIST**

In the event that we are unable to reach you, in case of illness or emergency, please list in order the people you want us to contact to pick up your child.

**We only release (dismiss) your child to a parent or those authorized in writing by their parents. We reserve the right to ask for identification at anytime of anyone.**

The following person(s) may pick up my child from Preschool in my absence:

1.	_____	_____	_____
	Name	Relation	Phone
2.	_____	_____	_____
	Name	Relation	Phone
3.	_____	_____	_____
	Name	Relation	Phone
4.	_____	_____	_____
	Name	Relation	Phone
5.	_____	_____	_____
	Name	Relation	Phone



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

**ADDITIONAL INFORMATION**

Please note name, address, phone and days child is with the following:

Joint Custody information \_\_\_\_\_

Permission to pick-up? YES \_\_\_\_ NO \_\_\_\_

Babysitter Information \_\_\_\_\_

Permission to pick-up? YES \_\_\_\_ NO \_\_\_\_

**\*\*PLEASE KEEP US INFORMED OF ANY ADDRESS OR PHONE OR BABYSITTER (etc) CHANGES TO THIS FORM.**

Do you/your family attend church? YES \_\_\_ NO \_\_\_  
Does your child attend Sunday School? YES \_\_\_ NO \_\_\_  
Where \_\_\_\_\_

If you are not attending church currently, are you looking for a new church home? YES \_\_\_ NO \_\_\_

How did you learn about our preschool? \_\_\_\_\_  
\_\_\_\_\_

Are you new to this area? YES \_\_\_ NO \_\_\_  
How long have you lived here? \_\_\_\_\_

Has your child had any preschool experience? YES \_\_\_ NO \_\_\_  
Where \_\_\_\_\_

What would you like us to know about your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### TUITION POLICY

#### MONTHLY TUITION PAYMENT

Tuition for the month of September is due by **August 1st**. If payment is not received by said date, the student will be removed from the class roster and will be placed on a waiting list. Thereafter, monthly tuition payments will be due on or before the 1st day of each month. Checks should be made payable to: *Beautiful Savior Lutheran Church or BSLC*. If paying with cash, please pay with exact amount as the church office does not keep cash on hand.

#### LATE TUITION

Tuition payments **not received by the 5th** of the month following the due date are subject to a **\$10.00 late charge**. If monthly tuition payments are more than 10 days late, parents are requested to keep their child home until payment is received, or other arrangements have been made.

#### UNFORESEEN FINANCIAL CIRCUMSTANCES

If unforeseen financial circumstances occur which prevent timely payment of tuition, parents may contact the Director at (253) 922-6977 or (253) 651-8112.

I/We have read the tuition policy above and agree to abide by its terms.



\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

# **FEE AND MONTHLY PAYMENT SCHEDULE**

## **REGISTRATION/SUPPLY FEE**

(non-refundable)

***Registration fee and supply fee are due at the time of registration***

Preschool Registration Fee -	\$60.00
Supply Fee -	<u>\$90.00</u>
Total Fee -	\$150.00

## **TUITION FEES**

### **CHURCH MEMBER RATES**

3 YEAR OLD PROGRAM - 2 DAYS AT \$57.50 PER MONTH

4 YEAR OLD PROGRAM - 3 DAYS AT \$75.00 PER MONTH

PRE-K PROGRAM - 4 DAYS AT \$90.00 PER MONTH

**(THE CHURCH MEMBER RATE IS 50% OF THE REGULAR TUITION RATE AND IT IS ASSUMED THAT PARENTS OF MEMBER CHILDREN ACTIVELY PARTICIPATE IN WORSHIP, HOLY COMMUNION, AND BIBLE STUDY)**

### **NON MEMBER RATES**

3 YEAR OLD PROGRAM - 2 DAYS AT \$115.00 PER MONTH

4 YEAR OLD PROGRAM - 3 DAYS AT \$150.00 PER MONTH

PRE-K PROGRAM - 4 DAYS AT \$180.00 PER MONTH

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## **Automatic Tuition Deposits and Credit Card Payments Available**

Beautiful Savior Preschool is now able to accept your tuition payments through monthly automatic funds transfer (AFT). Simply fill out section one (ALL Enrollments) and section three or four (Checking/Savings or Credit Card) of the attached application form. The first tuition payment will begin in September and the last payment will be in May. Please attach a voided check or savings deposit slip. There are no fees attached to this service. You can make changes to this payment option at any time during the year. Please see AFT information on the back of the application page.

**PRESCHOOL PRAYER PARTNERS**

I give permission for my child to be a part of Beautiful Savior Preschool Prayer Partners. This is a program designed for our church members to pray for your child and your family. In addition to prayer, their Prayer Partner may also wish to correspond to them through cards, letters, etc.



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

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**PHOTO RELEASE STATEMENT**

I hereby grant Beautiful Savior Lutheran Church & Preschool rights to use and publish pictures and other media used to capture my child's likeness, or in which my child may be included in whole or in part. I also consent to the use of any printed matter in conjunction therewith.

I hereby release Beautiful Savior Lutheran Church & Preschool and their legal representatives from any liability.

I also authorize alterations, optical illusions, or use in composite form or otherwise, that may occur or be reproduced in the taking of said photographs or in any subsequent processing thereof, as well as any publication thereof at all.

I do realize my child is being photographed and do give permission to Beautiful Savior Lutheran Church & Preschool to do this freely and in good will.



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

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**PERMISSION TO PUBLISH PHONE & ADDRESS**

I give permission for my child's address and phone number to be published on a class roster and distributed to preschool families ONLY.



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

Please respect the intention that class rosters are for preschool use only (play dates, carpools, etc.). Our rosters are distributed to preschool families only. If there are any changes to your roster information, please let us know as soon as possible.