

Beautiful Savior Preschool Registration Form 2024-2025

Enrollment for: **3 year olds ~ 2 days/2.5 hrs.....M/W AM.....Tuition ~ \$145/Month**
(child must reach their 3rd birthday by September 1st)
 4/5 Pre-K class ~ 3 days/3 hrs..M/T/W AM...Tuition ~ \$225/Month
(child must reach their 4th birthday by September 1st)

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Child's Date of Birth: _____ Male Female

_____ Last Name First Name Middle Name

_____ Preferred Name People (or 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)

Parent's Marital Status: Married Single Divorced Widowed Separated Living Together

Name and Age of Siblings:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

FOR OFFICE USE ONLY

DATE RECEIVED

Registration Fee	_____	RETURNING STUDENT	YES	NO	<u>TUITION PAYMENT OPTIONS</u>
Supply Fee	_____	PRAYER PARTNERS	YES	NO	PERSONAL CHECK/CASH _____
Immunization Form	_____	MEDIA USE	YES	NO	
Change of Clothes	_____	BATHROOM POLICY	YES	NO	
Comfort Kit	_____				

HEALTH INFORMATION

If my child has an accident that requires more than basic first aid and I cannot be reached, I request that the following physician be contacted. If necessary, I authorize emergency treatment by any licensed EMT (paramedic), physician or hospital.

Child's Doctor _____ Phone _____

Family Physician (if different) _____ Phone _____

Hospital you prefer in an emergency: _____

Address: _____

Health Insurance Carrier _____ Policy # _____

Allergies _____

Does your child have any health or other issues the school should be aware of, such as asthma, seizures, ADD, etc.?

Initial

Use three words to describe your child..

Tell us a little bit about your child. Is there anything our teachers would appreciate knowing?

Does your family celebrate birthdays and holidays? If not, please explain.

EMERGENCY CALL LIST

If your child becomes ill and we are unable to reach you, 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 from anyone at any time.

The following people 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
6.	_____	_____	_____
	Name	Relation	Phone
7.	_____	_____	_____
	Name	Relation	Phone

Initial

****PLEASE KEEP US INFORMED OF ANY CHANGES TO THIS INFORMATION****

ADDITONAL INFORMATION

Joint Custody information (if applicable)

Custody is shared with: _____ Relation to child: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Email: _____

Days child is with this person: _____

Permission to pick-up: Yes _____ No _____

Initial

****PLEASE KEEP US INFORMED OF ANY CHANGES TO THIS INFORMATION****

PRESCHOOL PRAYER PARTNERS

I give permission for my child to be a part of Beautiful Savior Preschool Prayer Partners. This program is designed for our church members to pray for your child and your family. In addition to prayer, their Prayer Partner may also wish to give them an occasional card or small gift for special occasions, ie, birthdays.

Yes _____ No _____

_____ Initial

PHOTO/VIDEO 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/videoed and do give permission to Beautiful Savior Lutheran Church & Preschool to do this freely and in good will.

Yes _____ No _____

_____ Initial

TOILET TRAINING POLICY

All children **must be toilet trained**, but we understand that accidents do happen occasionally. If your child does have an accident and is unable to take care of his or her personal needs, we are happy to assist them. If this is not acceptable to you, and you would prefer that we call you (or someone designated by you) to come in and assist your child, we will need that information on file.

___ **Yes**, If necessary, I give my permission for the preschool staff to assist my child with toileting needs.

___ **No**, I do **NOT** want the preschool staff to assist my child with any toileting issues.

Name of person to call: _____ Phone #: _____

_____ Initial

I verify by my signature below, that I have read and fully understand the contents of this application.

_____ Parent Signature

_____ Date

FEEES AND MONTHLY PAYMENT SCHEDULE

Preschool Registration Fee: \$ 60.00 (due at time of registration and **non-refundable**)
Supply Fee: \$ 90.00 (due on or before the first day of school)
Total Fee: \$150.00

CLASS SCHEDULE AND MONTHLY TUITION

Class	Days	Time	Tuition
3 year-olds	Mon/Wed	9:00-11:30am	\$145.00 / month
4/5 PreK class	Mon/Tue/Wed	9:00am-12:00pm	\$225.00 / month

Tuition is due by the first school 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 office does not keep cash on hand. Place money in the envelope provided with your child's name on it, and place in the locked tuition box.

If unforeseen financial circumstances occur which prevent timely payment of tuition, parents may contact the Director at (253) 218-4918.

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

Initial

Are you new to this area? Yes ___ No ___

How long have you lived here? _____

Has your child had any preschool experience? Yes ___ No ___ Where _____

How did you learn about our preschool? _____

Do you/your family attend church? Yes ___ No ___

Where _____

Does your child attend Sunday School? Yes ___ No ___

Is your child baptized? Yes ___ No ___

If not, would you like your child to be baptized? Yes ___ No ___

If you are not attending church currently, are you looking for a new church home? Yes ___ No ___