REGISTRATION FORM

2022-23 School Year

EBENEZER LUTHERAN CHURCH PRESCHOOL 2111 117th Avenue NE Lake Stevens, WA 98258 425-397-6374/ www.ebenezerlakestevens.org E-mail: preschool@ebenezerlakestevens.org

Office Use Only		
Immunizations on file		
Prepayment of May tuition		
\$65 -1DY Tots reg. fee □		
\$75 -2DY Tots reg fee) □		
\$90 -2DYNew Beginnings reg fee □		
\$100 -Pre-K reg fee □		
Reg fee is due at time of enrollment and		
non-refundable		

CLASS DESIRED

1-DAY TOTS CLASS (2-year-olds) Tues.		9:55 – 11:55	\$90/month	
2-DAY TOTS CLASS (2/3-year-olds) Weds, Thurs		9:55 – 11:55	\$180/month	
2-DAY NEW BEGINNINGS (3/4year-o	olds) Th, Fri.	9:45 – 12:15	\$190/month	
3-DAY PRE-K (4/5-year-olds)	M,T,W	9:45 – 12:30	\$210/month	
REGISTRATION INFORMATION:				
Child's Full Name		Ho	ome Phone ()	
Name you wish your child called		Date of Birth _	Sex: M F	
Home address		City	Zip	
Email address May we include your telephone, email and address on a class list made available to other students in the class? Yes No (circle one)				
Mother's Name		Cell	Phone ()	
Address (if different than above)		Hoi	Home Phone ()	
Place of Employment		W	Work Phone ()	
Father's Name		Cel	I Phone ()	
Address (if different than above)		Ho	me Phone ()	
Place of Employment		W	ork Phone ()	
Names and ages of other children in t	he family			
How did you hear about Ebenezer Preschool?				
Church Home				

EMERGENCY MEDICAL INFORMATION: Please complete the back of this registration form with emergency medical information and sign the tuition policy. >>>

REGISTRATION FORM

EMERGENCY MEDICAL INFORMATION:				
Child's	s physician	Phone ()		
	ere any special health or learning difficulties of which we sho			
	ves or friends, available during school, who we may call in ca	•		
Name	·	_ Phone ()		
Dayca	are provider's name	Phone ()		
	f-area emergency contact (for messages)	Phone ()		
to include further to be processed I waive	by give permission that my child,, may be ude first aid and CPR by any of the staff employed by Ebener authorize and consent to medical, surgical and hospital car performed for my child by a licensed physician or hospital whereast or advisable by the physician to safeguard my child's here my right of informed consent to such treatment. I also give an apported by ambulance or aid car to an emergency center for	ezer Lutheran Church. I re, treatment and procedures nen deemed immediately realth if I cannot be contacted. It my permission for my child to		
Date	Signature			
TUITIO 1. 2.	ON POLICY A non-refundable registration fee is required upon enrolln hold your child's spot. Tuition is due on the first school day of each month. It is to	-		
	Please place payment in the drop-box at arrival or dismissal tir put it in a marked envelope before putting it in the drop box. Director know. Tuition can also be mailed directly to Ebenezer L 117 th Avenue NE, Lake Stevens, WA 98258.	If a receipt is needed, let the		
3. 4.	The Preschool Director should be notified of unusual circumstant A late charge of \$5.00 will be added for payments received after delinquency shall be grounds for dropping the child from the Preschool Board.	the 10 th of the month. A 30-day		
5. 6.	A \$12.00 service charge will be added for Non-sufficient Funds (I Tuition for the month of May is collected with registration. If it is before the end of the school year, May tuition is refunded only if notice. Please give notice to the Director.	necessary to withdraw your child		
7.	A payment page will be provided for your convenience to keep You will receive no monthly statements. It will be the parent's re- in the office the first school day of each month. Checks sho	sponsibility to have the payments		
8.	Lutheran Church Preschool. The monthly tuition is an average of all the school days for September through May. It reflects school holidays, workshop			

other emergency closures.

<u>TUITION AGREEMENT</u>
Sign below to indicate that you have read the tuition policy and that you agree to the terms as stated.

Date	Signature	
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