



Pre-K Teacher: Janel Moon – M, T & Th 9:00am -12:00pm /12:30pm - 3:30pm

Pre-K Registration Form – 4 year old classes

Tuition is \$155.00 per month for September through June. Please see the table below for payment due dates. A child must be 4 years old by August 31st of the year they are enrolling in preschool. They must be potty trained.

	Payment Due Date
September	Bring to Orientation
October	September 25
November	October 25
December	November 25
January	December 25
February	January 25
March	February 25
April	March 25
May	April 25
June	May 25

Please complete this form (both sides) and bring to our registration day along with a \$100.00 non-refundable registration fee. We accept cash or check. Checks should be made out to *Elk Plain Community Church* with a note on the memo line indicating **Pre-K Registration**. If registering after registration day please return to the following mailing address:

Elk Plain Community Church
 4115 224th Street East
 Spanaway, WA 98387

Date: _____

Please Print:

Class preference: AM / PM

CHILD'S NAME _____

Child's nickname to be used during preschool _____

() Male () Female Birth date _____ Age _____

Mailing Address (including city & zip) _____

Home Phone _____ Phone # during preschool _____

Name & Location of physician _____ Phone _____

Please mention any special medical conditions (e.g. allergies, penicillin, etc.):

Names and ages of brothers and sisters:

Parents: Marital Status: () Married () Single () Divorced

Mother's Name _____
Phone # during preschool _____ Phone # evenings _____
Place of employment (if applicable) _____

Father's Name _____
Phone # during preschool _____ Phone # evenings _____
Place of employment (if applicable) _____

Relatives or friends/neighbors to contact in case you cannot be reached:
1. _____ Phone # _____
Relationship _____
2. _____ Phone # _____
Relationship _____

Has your child had any preschool experience? _____ (If yes, where?) _____

Do you attend a church? _____ (If yes, where?) _____

How did you learn about our preschool? _____

What would you like your child to gain from their preschool experience? _____

(For Teacher to Complete)

_____ AM Class
_____ PM Class Deposit Paid \$ _____ Date _____ Cash/Check # _____