



Kindergarten Teacher: Hannah Lynn – M, T, W & Th 9:00am-12:00pm

## Kinder Prep & Half-Day Kindergarten Registration Form

Tuition is \$200.00 per month for September through June. Please see the table below for payment due dates. This class is for 4 year olds that are ready for more time in the classroom. We also have a limited number of spots for students looking for a half-day Kindergarten option.

	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 **Kinder Prep Registration**. If registering after registration day please return to the following mailing address:

Elk Plain Community Church  
 4115 224<sup>th</sup> Street East  
 Spanaway, WA 98387

Please Print:

Date: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_

Child's nickname to be used during school \_\_\_\_\_

( ) Male ( ) Female Birth date \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address (including city & zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Phone # during school \_\_\_\_\_

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 school \_\_\_\_\_ Phone # evenings \_\_\_\_\_  
Place of employment (if applicable) \_\_\_\_\_

Father's Name \_\_\_\_\_  
Phone # during school \_\_\_\_\_ 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 school? \_\_\_\_\_

What would you like your child to gain from their Kinder Prep experience? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Where will they go to school next year? \_\_\_\_\_

What grade do you plan to enroll them in? \_\_\_\_\_

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(For Teacher to Complete)

Deposit Paid: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Cash / Check #: \_\_\_\_\_ Class: K Prep / Kinder