



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 \$170.00 per month for September through June. Please see the table below for payment due dates. A child must be 4 years old by August 31<sup>st</sup> of the year they are enrolling in preschool. They must be potty trained.

	<b>Payment Due Date</b>
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 \$125.00 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 224<sup>th</sup> Street East  
 Spanaway, WA 98387

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

Please Print:

Class preference: AM / PM

Child's Name \_\_\_\_\_

Child's name to be used in school (if different from above) \_\_\_\_\_

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

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

Phone # during preschool \_\_\_\_\_ Email \_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(For Teacher to Complete)

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