ELK PLAIN CHRISTIAN
Preschool and Kindergarten
A MINISTRY OF ELK PLAIN COMMUNITY CHURCH
CARING FOR THE MIND AND HEART

4115 224th Street East   Spanaway, WA 98387   253-847-2508   www.elkplain.org

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Preschool Teacher: Melissa Klein - W & F 8:55 -11:55am / 12:30pm - 3:30pm

Preschool Registration Form – 3-year-old classes

Tuition is $1,600 per year divided into 10 monthly payments of $160. Please see the table below for payment due dates. A child must be 3 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 $175.00 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 **Preschool 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 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? _____
_____
_____
_____

- -
(For Teacher to Complete)
_____ AM Class
_____ PM Class   Deposit Paid $ _____   Date_____   Cash/Check # _____