



Kindergarten Teacher: Hannah Lynn – M, T, W & Th 8:55 -11:55am

## Half-Day Kindergarten & Kinder Prep Registration Form

Tuition is \$2,600 per year divided into 10 monthly payments of \$260. Please see the table below for payment due dates. This class is for 5-year-olds that are ready for Half-Day Kindergarten and, if there is room, we will take older 4-year-olds ready for more academics and time in the classroom.

	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 \$200.00 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 Registration**. If you register 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: \_\_\_\_\_

Class preference (*circle one*): Kinder Prep (older 4 with fall b-day) **OR** 5-year-old Half-Day Kindergarten  
 Please Print:

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 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 school 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 / 1/2 Day Kinder