

(for office use)
Regis. Date _____
Amount rec'd _____

VALLEY CHRISTIAN PRESCHOOL
11188 SW Wilsonville Rd.
Wilsonville, Or. 97070
503-582-8267

4's Registration Form

(Child must be 4 years of age by Sept. 1st)

Class preference: MWF 9:00-11:30 a.m. _____ or MTTh 12:30-3:00 p.m. _____

Child's full name: _____ Name child goes by: _____

Age _____ Birthdate _____ M or F _____ Home phone _____

Address _____ City _____ Zip _____

Email address _____

Siblings' names and ages _____

Father's name _____ Occupation _____

Employer _____ Business phone _____ Cell _____

Mother's name _____ Occupation _____

Employer _____ Business phone _____ Cell _____

Relative or friend who can be called in an emergency when parents cannot be reached:

Name _____ Phone _____ Relation _____

My child's immunizations are up to date _____. (Completed county form required)

I give my permission for my child to be taken on field trips or excursions by bus or private motor vehicle under proper supervision. Parent initial _____

Child's t shirt size: ___ Small (6-8) ___ Large (10-12) ___ X Large (14-16)

Child's physician- only to be called in case of emergency & when parents cannot be reached:

Name _____ Phone _____

I authorize Valley Christian Preschool to call for emergency ambulance care or to call my child's physician in case of an accident or acute illness, and to allow for possible emergency medical attention and surgical care in case the physician or I am not immediately available.

Parent signature _____

People authorized to pick my child up from school:

_____ relation to student: _____

_____ relation to student: _____

_____ relation to student: _____

Any allergies or physical problems the school should be aware of:

Any additional information that would be helpful to the staff in getting to know your child better, and to aid us in providing a positive experience in preschool, such as: likes, dislikes, fears, eating habits, how he/she interacts with other children and adults, etc.

My child has had previous preschool experience ___ Where? _____

My child attends Sunday School or church regularly ___ Where? _____

- I do hereby state that the above information is true and accurate to the best of my knowledge.
- I understand the \$75 registration fee is non-refundable.
- I understand the monthly tuition is due the first of each month, Sept. through May.
- I also understand that a \$10.00 late fee will be assessed if tuition is late and I have not made arrangements with the administrator. I also understand that a \$10.00 fee will be charged for a returned check.
- I understand no adjustments for absences can be made, as a child's absence does not decrease the school's operational expenses.

Parent signature:

Today's date: