

(for office use)

Registration date _____

Amount received _____

Cash _____ Check # _____

VALLEY CHRISTIAN PRESCHOOL
11188 SW Wilsonville Rd. Wilsonville, Or. 97070
503.582.8267

TIME FOR 2'S REGISTRATION FORM

(Child must be 2 years of age by September 1st)

Class day preference: choose 1 day: Monday _____ or Tues. _____ or Thurs. _____

Child's full name _____ Name child goes by _____

Age _____ Birth date _____ M/F _____ Phones: _____

Address: _____ City _____ Zip _____

Email addresses _____

Siblings' names/ages _____

Dad's name _____ Occupation _____

Employer _____ Business phone _____

Mom's name _____ Occupation _____

Employer _____ Business phone _____

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

Name _____ Phone _____ Relation _____

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

Parent signature _____ Date _____

My child's immunizations are up to date _____ (county form must be filled out)

People (besides parents) authorized to pick up my child from school:

_____ phone _____ relation to student _____

_____ phone _____ relation to student _____

_____ phone _____ relation to student _____

Potty trained? Yes ___ Not yet ___ What we should know about that: _____

Any allergies, special needs, previous medical history, 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, favorite toys, how to be comforted, how he/she interacts with other children and adults

Does child say words and what do they mean? _____

Child's doctor & phone _____ Dentist & phone _____

My child attends church _____ 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 director. I also understand that I will be responsible for any bank charges the school incurs for my returned/unpaid check.

I understand that no adjustments for absences can be made, as a child's absence does not decrease the school's operational expenses.

Parent signature _____ Date _____

How I heard about Valley Christian Preschool? _____