

(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 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 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? _____