

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

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

**3's Registration Form**

(Child must be 3 years of age by Sept. 1st)

Class preference: Tuesdays & Thursdays from 9:00-11:30 a.m. \_\_\_\_\_ OR 12:30-3:00 p.m. \_\_\_\_\_

Child's full name: \_\_\_\_\_ Name child goes by: \_\_\_\_\_

Age now \_\_\_\_\_ 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 signature \_\_\_\_\_

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: