St. Mark’s Preschool

6730 N 17th Street

Tacoma, WA 98406

253-752-4929

[www.smlutheran.org](mailto:preschool@smlutheran.org)/smlcpreschool

**REGISTRATION AGREEMENT FOR 2018-2019**

I (we) hereby enroll my (our) child **Click or tap here to enter text.**,, birthdate **Click or tap here to enter text.**, in St Mark’s Preschool for the following class:

2 ½ - 3 ½ year old class ($1400/year; 10 monthly payments of $140)

Tuesday & Thursday 9:15-11:15 (**Child must be 2 ½ years old by August 31st**)

3 – 4 year old class ($1800/year; 10 monthly payments of $180)

Monday &Wednesday 9:15-11:15, Friday 9:15-12:00 (**Child must be 3 years old by August 31st)**

Pre-Kindergarten ($2950/year; 10 monthly payments of $295)

Monday-Thursday 9:15-12:00 (**Child must be 4 years old by August 31st)**

Students in this class will have the option to stay until 1:00 each day for an extra $5.00 per day

Member of St. Mark’s Lutheran Church?  YES (10% discount on tuition)  NO

If classes are full, please put my child on the waitlist:  YES  NO

**PLEASE READ CAREFULLY, check each item (click on box), and sign (type name) below.**

I (we) have paid or enclosed the $75.00 non-refundable, annual registration fee

I (we) understand that family vacations and sick days will not result in reduced tuition or make-up days.

I (we) understand that tuition is charged on a yearly basis and all ten installments are for the same amount even though there may be holidays or vacation days.

I (we) understand that tuition payments are due on the 5th class day of each month. If tuition is more than 20 days late, my child will not be allowed into class without a payment plan approved by the Director.

I (we) will provide a two-week notice if I (we) are withdrawing my (our) child for any reason.

In the event my child my child becomes ill or sustains injury while in the care of St Mark’s Preschool, I (we) understand that the following procedures will be followed: a. Emergency first aid will be provided & 911 will be called if necessary, b. parents will be notified of injury. *By marking this box,* ***I give consent for my child to be taken for emergency treatment if needed.***

I (we) understand that this agreement will be terminated when the child leaves this school with a two week notice from the school or parent/guardian.

I (we) understand there is a late fee of $5.00 for each five-minute increment after pick-up time.

I (we) agree to provide snacks for my (our) child’s class on the day assigned. These days will appear on the class calendars sent home each month.

I (we) agree to keep my child home from school in case of illness and to notify the school of any communicable diseases.

Parent/Guardian Signature **Click or tap here to enter text.** Date**Click or tap here to enter text.**

**PARENT/GUARDIAN CONTACT Information**

Child’s Full Name: **Click or tap here to enter text.**

Parent/Guardian’s Names: **Click or tap here to enter text.**

Mother’s Cell Phone **Click or tap here to enter text.** Alternate Phone **Click or tap here to enter text.**

Father’s Cell Phone **Click or tap here to enter text.** Alternate Phone **Click or tap here to enter text.**

Guardian’s (ie. step parent) Cell Phone **Click or tap here to enter text.** Alternate Phone **Click or tap here to enter text.**

Home Address (including zipcode) **Click or tap here to enter text.**

e-mail address **Click or tap here to enter text.**

e-mail address **Click or tap here to enter text.**

Child lives with (list schedule if child lives in more than one household): **Click or tap here to enter text.**

**EMERGENCY CONTACTS or Others who have permission to pick up child**

Name **Click or tap here to enter text.** Phone **Click or tap here to enter text.**

Relationship to child **Click or tap here to enter text.**

Name **Click or tap here to enter text.** Phone **Click or tap here to enter text.**

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Name **Click or tap here to enter text.** Phone **Click or tap here to enter text.**

Relationship to child **Click or tap here to enter text.**

Name **Click or tap here to enter text.** Phone **Click or tap here to enter text.**

Relationship to child **Click or tap here to enter text.**

**Confidential Health Information Sheet**

Child’s Full Name: **Click or tap here to enter text.** Class: **Click or tap here to enter text.**

Allergies: **Click or tap here to enter text.**

Does the Child need an Epi-pen?  YES  NO

Food Restrictions: **Click or tap here to enter text.**

Is your child under a doctor’s care for any health issues? If yes, please explain here or contact the

school to provide more information.

NO YES **Click or tap here to enter text.**

Does your child take any medication on a regular basis?  YES  NO

If yes, please list: **Click or tap here to enter text.**

Does your child have any other physical, emotional, or behavioral issues the teacher should know

about? (Anxiety, Hyper-activity, etc)? Please provide information even on issues that are not diagnosed.

**Click or tap here to enter text.**

Are there any current or pending stresses in your child’s life? (ie: death in the family, divorce, parent who travels a lot for work, etc?)

**Click or tap here to enter text.**

Child’s Physician: **Click or tap here to enter text.** Phone:**Click or tap here to enter text.**

Preferred Hospital **Click or tap here to enter text.**

\*Please attach a copy of your child’s most current immunization records or bring it to school no later than a week prior to the start of his/her first day of school.

2018-19 Permissions/Consents

*Please read the following carefully. Mark each box with an “X”****(hover cursor over box and click)*** *to indicate that you give permission or consent for that specific item (click on box if you are using electronically fillable form). If you do not give consent, you can leave the box blank. Please sign (or type your name) and date the bottom of the form.* *These permissions will be effective for the entire school year*

Child’s Full Name: **Click or tap here to enter text.** Class **Click or tap here to enter text.**

**Directory:**

I (we) give permission for our name, email and phone number to be included in the preschool directory. This directory is given to preschool parents only.

**Walks on and around church grounds**:

I (we) give permission for my child to participate in walks on the church grounds.

I (we) give permission for our child to take supervised walks that are outside of church grounds (for example, to Lutheran Home and on the greenbelt trail behind church)

**Photographs:**

I (we) consent to the use of photographs of my (our) child on bulletin boards and other school uses (excluding internet).

I (we) give permission for St. Mark’s Preschool to publish photos (without names or other identification) on social media or to the school’s website.

**Assistance with Toileting:**

I (we) give permission for St. Mark’s Preschool staff to change my child’s clothing and clean his/her body in the event of a toileting accident, *if I cannot be reached*.

I (we) give permission for the staff to help my child with wiping if child requests.

Parent(s)/Guardian(s) Signature **Click or tap here to enter text.**

Parent(s)/Guardian(s) Signature **Click or tap here to enter text.**

Date: **Click or tap here to enter text.**