

St. Mark's Preschool  
6730 North 17<sup>th</sup> Street  
Tacoma, WA 98406  
253.752.4929  
www.smlutheran.org/smlcpreschool  
preschool@smlutheran.org

## REGISTRATION AGREEMENT FOR 2019-2020

Fill out completely and return to St. Mark's Preschool

I (we) hereby enroll my (our) child \_\_\_\_\_,

birth date \_\_\_\_\_, in St Mark's Preschool for the following class:

- 2s and 3s Class (\$1500/year; 10 monthly payments of \$150/month)  
Tuesday & Thursday 9:15-11:15am (**Child must be 2 ½ years old by August 31<sup>st</sup>**)
- 3s and 4s Class (\$1900/year; 10 monthly payments of \$190/month)  
Monday, Wednesday, Friday 9:15-11:30am (**Child must be 3 years old by August 31<sup>st</sup>**)
- Pre-Kindergarten (\$2950/year; 10 monthly payments of \$295/month)  
Monday-Thursday 9:15-12:00pm (**Child must be 4 years old by August 31<sup>st</sup>**)  
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 and sign 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 5<sup>th</sup> class day of each month. If tuition is more than 10 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 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 and 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 may be 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. This day will appear on the class calendar 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 \_\_\_\_\_ Date \_\_\_\_\_

**PARENT/GUARDIAN CONTACT Information**

Child's Full Name: \_\_\_\_\_

Parent/Guardian Names \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_

Guardian's (i.e. Stepparent) phone \_\_\_\_\_

e-mail address \_\_\_\_\_

e-mail address \_\_\_\_\_

Home Address (incl zipcode) \_\_\_\_\_

Child lives with (please list schedule if child lives in more than one household):

\_\_\_\_\_

**EMERGENCY CONTACTS or Others who will pick up child**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship to child \_\_\_\_\_

# Confidential Health Information Sheet

Child's Name \_\_\_\_\_

Class:      2s and 3s                      3s and 4s                      PreK

Allergies: \_\_\_\_\_

Does your child need an Epi-pen? \_\_\_\_\_

Food Restrictions: \_\_\_\_\_

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.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your child take any medication on a regular basis? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Does your child have any other physical, emotional or behavioral issues the teachers should know about? (anxiety, hyperactivity, etc.)? Please provide information on issues that are not diagnosed.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are there any current or pending stresses in your child's life? (i.e.: death in the family, divorce, parent that travels a lot for work, etc.?)

\_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

\*Please attach a copy of your child's most current immunization records, or provide record at least three days prior to the start of school.

## **2019-2020 Permissions/Consents**

Please read the following carefully and mark each line with an "X" to indicate that you give permission or consent for that specific item. If you do not give consent, you can leave the space blank. Please sign and date the bottom of the form. These permissions will be effective for the entire school year

**Child's Full Name:** \_\_\_\_\_ **Class** \_\_\_\_\_

### **Personal Information:**

\_\_\_\_\_ I (we) give permission for our name, email and phone number to be included in the preschool directory. The directory goes to preschool parents only.

### **Walks on and around St. Mark's Lutheran 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, but around church grounds.

### **Photographs:**

\_\_\_\_\_ I (we) consent to the use of photographs of my (our) child on bulletin boards, flyers 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 related to St. Mark's Preschool and/or St. Mark's Lutheran Church.

### **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 \_\_\_\_\_

Parent(s)/Guardian(s) Signature \_\_\_\_\_

Date: \_\_\_\_\_