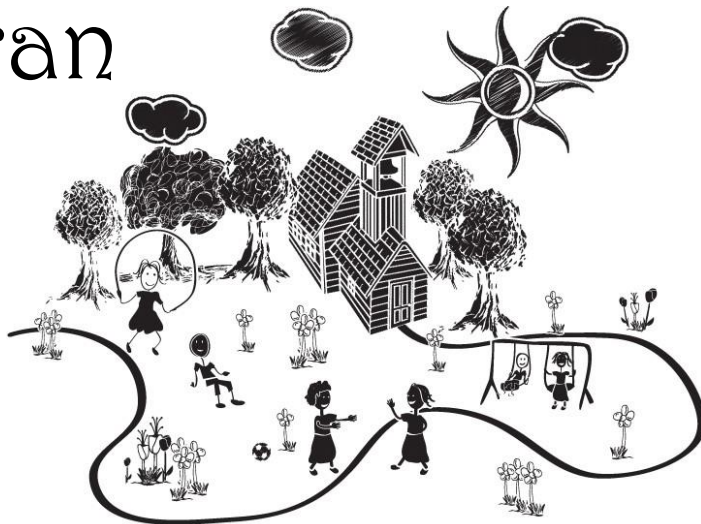


Highland Lutheran Preschool

Our mission: to welcome and bless children and their families!



Welcome to our school. We are so pleased that you have chosen our school for this preschool

year. We look forward to teaching your child and getting to know your family. Let us tell you about our school and how to complete your child's registration.

Please review the admission, registration and payment policies included in the package then complete the registration forms. Your signature acknowledges that you have read and agree to our policies.

Return the following to a teacher/director or another school representative:

- Registration form**
- General information form**
- Immunization form**
- Registration fee of \$100 for preschool**

Tuition is based on a yearly rate which is broken down, for your convenience, into 9 monthly installments. You are welcome at any time to pay the yearly balance in full.

M-W-F Class \$290.00 per month

T-Th Class \$185.00 per month

An orientation will be scheduled for the fall. You will receive a parent handbook, information about field trips, school supplies list, information about your participation, and general information about our program.

Feel free to contact us at any time about questions you may have.

Highland Lutheran School Staff and Board
Ms. Tawnya - (503)661-9190
Ms. Sarah - (360)702-7352

Highland Lutheran Preschool/Pre-K
38809 NE 41st Ave., La Center, WA 98629
(360) 263-2303

Child's Legal Name _____ Name Child Uses _____

Home Phone Number _____ Date of Birth _____

Emergency Contacts

No. 1 phone	Name	Relationship
No. 2 phone	Name	Relationship
No. 3 phone	Name	Relationship

Allergies: _____

Medical Release:

I hereby authorize HIGHLAND LUTHERAN SCHOOL to take any necessary action, emergency transport, medical treatment and/or hospitalization for my child in the event of an accident or illness and where the parents cannot immediately be contacted. I will assume any expense incurred by such emergency care. (Please list physician and hospital preference.)

Physician _____ Phone _____ Hospital _____

DISCLAIMER: By typing your name below, you are signing this application electronically. You agree that your electronic signature is the legal equivalent of your manual signature on this application.

Signature of Parent

or Legal Guardian: _____ Date: _____

Class Requesting:

3 Days-M/W/F-(Pre-K) 9a-1p (\$290.00/mo) ___ 2 Days-3's Class T/TH 9am-12noon (\$185.00/mo) ___

Family information:

Father Name		
Home phone	Business phone	Cell phone
Email Address		
Mailing Address		
Home Address		
Occupation		
Mother Name		
Home phone	Business phone	Cell phone
Email Address		
Mailing Address		
Home Address		
Occupation		

Other children in family:

Name	Age	Living with child?	Y	N
Name	Age	Living with child?	Y	N
Name	Age	Living with child?	Y	N

Persons authorized to pick up your child:

Name	Phone #	Relationship
Name	Phone #	Relationship
Name	Phone #	Relationship

REGISTRATION FORM

Is your child currently being treated for any physical, mental health, or learning problem? If so, give diagnosis and treating professional.

Does your child have a history of any physical, mental health, or learning problems? If so, please explain.

Does your child have any known allergies or sensitivities, including allergies or sensitivities to medications? If so, please explain.

Has your child attended another school? If so, where?

Please check any way that you would like to serve – your willingness to help keeps our tuition reasonable:

- | | | |
|---|--|--------------------------------|
| <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Event Planner | <input type="checkbox"/> Other |
| <input type="checkbox"/> Class projects | <input type="checkbox"/> Class Parent | |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> School Board Member | |

The children love to have their families participate in school activities. Do you have any talent, skill, hobby, occupation, collection, etc. that you would be willing to share at school?

For school use: Date of entry: _____ Exit Date: _____
Class MWF Pre-K ___ Tu/Thu 3's ___

GENERAL INFORMATION FORM

Admittance Policies

Highland Lutheran School will accept any child without regard to race, sex, religious affiliation, national origin or ability. We will accept children with special needs provided we can accommodate their needs and the needs of the other children in the class.

Preschool/Pre-K students must have reached the age of 3 by August 31st of the current school year for the T/Th class, the age of 4 by August 31st for the Pre-K classes.

The staff reserves the right to ask for a two-week trial in order to evaluate the readiness of the child for the class they have been enrolled in.

Students are expected to be potty-trained before they attend school.

We ask that you please provide us with a current copy of your child's immunization records by the first day of school. We do offer medical exemptions, signed-off by your child's doctor.

Registration Policies

Registration is handled on a first come/first served basis. Returning families and Highland Lutheran Church families will be able to register prior to the open registration time.

A registration fee of \$100 for preschool/Pre-K must accompany a completed enrollment package for each child registering.

This fee is non-refundable.

A completed enrollment package and registration fee allows your child to be considered for the program.

Once accepted into a class, the registration fee becomes non-refundable.

If there are no openings in the class you have requested, your child will be placed on a waiting list. This can be done with or without the enrollment package and registration fee. If no opening is forthcoming, the registration fee will be refunded.

The completed enrollment package and registration fee is required for your child to attend class unless you are making an evaluation visit.

No new registrations will be accepted after January 31st for the current school year unless the child has been attending another school and the staff approves.

Tuition and Payment Policies

Tuition is calculated on a yearly figure which is divided into nine equal payments for your convenience. Therefore, all holidays, in-service days and vacation (winter and spring) do not change the monthly tuition rate.

If two or more children within the same family are enrolled, tuition for the older child is at the normal rate but each additional child receives a 10% discount. The registration fee is also discounted for multiple children; \$100 for the first and \$75 for the second.

There will be a \$50 discount if tuition for the entire year is paid by September 15.

Tuition is due the first day of your child's class each month beginning in September and continuing through May.

A \$10 late fee will be added to any tuition payment not received by the 15th of the month unless prior arrangements have been made. For each week that the payment is late after the 15th, an additional \$10 fee will be added. A delinquent account could result in disenrollment.

There will be a \$33 fee for any NSF checks.

If extenuating circumstances arise and timely payments cannot be made, please contact the school to make alternate payment arrangements.

Your check is your receipt unless you request a receipt from the school. Receipts will be provided for cash.