



9 South 8th Ave.  
Yakima, WA 98902  
(509) 248-7940

**2021-22**  
**SCHOOL YEAR PRESCHOOL**  
**REGISTRATION**

Dear Families,

Welcome to the 2021-2022 school year! Our program will begin the day after Labor Day on Tuesday, September 7<sup>th</sup> for all classes. A parent orientation meeting will be held on Wednesday, September 1<sup>st</sup> at 6pm. Meet the Teacher days will be September 2<sup>nd</sup> and 3<sup>rd</sup> from 9am-11am. More information will be sent home around August 1<sup>st</sup>.

After much prayer and feedback from families, we have decided to offer a multi-age classroom this fall. We know that all students learn skills in their own way, in their own time, regardless of their age. After such a disruptive year due to Covid, we want to meet the needs of our students as they enter our preschool. With the right teachers and right curriculum, we feel that students thrive in a flexible learning environment to prepare them for kindergarten and beyond!

Our new program options include: **5-day PreK** (M-F), **3-day Preschool** (T-W-Th), or **2-day Preschool** (T & Th). All classes run **9am to Noon**. Class descriptions can be found in this packet.

Included in this registration packet:

- Program Information
- Class Descriptions
- Registration Form **(Required)**
- Tuition Agreement **(Required)**
- Terms of Enrollment **(Required)**
- Consent Form **(Required)**
- Authorization for Treatment Form **(Required)**
- Student Information **(Required)**
- Certificate of Immunization Status or Copy of Immunization Record **(Required)**

Thank you for registering your child with Grace of Christ. We look forward to having your family join us for another wonderful year at Grace of Christ Preschool. If you have any questions or need assistance with any of the paperwork please contact me Becca Mailand at [becca@yakimagrace.com](mailto:becca@yakimagrace.com) or call the church office at 509.248.7940.

**The attached paperwork must be completed and turned in along with your non-refundable registration fee in order for your registration to be complete.** Your non-refundable registration fee and completed registration packet holds your reservation in the program.

[www.yakimagrace.com/preschool](http://www.yakimagrace.com/preschool)

## **HOURS AND DAYS**

2 Day Class	Tuesday and Thursday	9:00 am to 12:00 pm
3 Day Class	Tuesday - Thursday	9:00 am to 12:00 pm
Pre-Kindergarten	Monday – Friday	9:00 am to 12:00 pm

**ELIGIBILITY**- All children must be toilet trained.

**Two Day Class:** Children must be three years of age by August 31, 2020 to be eligible to attend this class.

**Three Day Class:** Children must be three years of age by August 31, 2020 to be eligible to attend this class.

**Pre-Kindergarten Class:** Children must be four years of age by August 31, 2020 to be eligible to attend this class.

The school is open to all children regardless of race, creed, color or national origin. However, the school is not equipped to handle children with excessive emotional, visual, speech, hearing or other severe handicaps. Vaccinations must be current by the time school begins. A copy of the child's vaccination record or completed and signed Statement of Exemption to Immunization Law must be on file.

## **TUITION RATES & POLICY**

A one time, non-refundable, registration fee is required at the time of registration. This fee is in addition to the monthly tuition. **Registration Fees:** \$100 for all new students which includes a t-shirt, bag and supplies; \$80 for all returning students which includes the supply fee.

Tuition is due on the first day of each month and late after the 10<sup>th</sup> of each month. **A late fee of \$25** will be charged for tuition received **after** the 10<sup>th</sup>. If you need to set up a different due date for the month you may indicate this on the Tuition Agreement. Late charges would then be added to any payments received five days after this date. The first month tuition is not due until September 1, 2020.

### **Monthly Tuition Rates:**

Two Day Class: \$150 per month

Three Day Class: \$180 per month

Pre-Kindergarten Class: \$250.00

Payments can be mailed to the church, dropped off in the tuition boxes located outside of each classroom, made directly in the church office, or set up through automatic payment with your bank. We accept cash, check, or credit/debit cards. All checks are to be made payable to GOC Preschool".

### **Scholarship Program:**

Through the giving of Grace of Christ Presbyterian Church families, we offer financial aid as funds are available. Grace of Christ Preschool offers financial aid to families who are in need. Scholarship funds do not need to be paid back; however, the requirements include serving volunteer hours and meeting attendance requirements. Families may apply for this assistance anytime during the school year. Applications are available in the main church office.

## Class Descriptions 2021-22

### Non-Refundable Registration fees:

#### **Returning students -- \$80**

Includes registration fee & supply fee

#### **New Students -- \$100**

Includes registration fee, t-shirt, bag & supply fee

The school is open to all children regardless of race, creed, color or national origin. However, the school is not equipped to handle children with excessive emotional, visual, speech, hearing or other severe handicaps. Vaccinations must be current by the time school begins. A copy of the child's vaccination record or completed and signed Statement of Exemption to Immunization Law must be on file.

#### **2 Day Class Preschool (must be 3 by August 31, 2021)**

Tuesday & Thursday

9:00 a.m. – 12:00 p.m.

\$150/month

#### **3 Day Preschool Class (Must be 3 by August 31, 2021)**

Tuesday, Wednesday & Thursday

9:00 a.m. – 12:00 p.m.

\$185/month

These classes are designed for children ages 3 and up with or without previous preschool experience. This class will focus on helping children prepare for another year of PreK or Kindergarten.

#### **5 Day Pre-Kindergarten Class (Must be 4 by August 31, 2021)**

Monday – Friday

9:00 a.m. – 12:00 p.m.

\$250/month

This class is designed for children 4 and up **with** previous preschool experience. This class is designed to prepare students for the rigors of Kindergarten. Students participate in Chapel, Music and PE during the week.

### Curriculum Focus for All Classes

#### **Spiritual Growth**

- God is a Loving Father, Jesus is Our Lord and Savior and the Holy Spirit is Our Special Helper
- Each person is Beloved and Made special by God

#### **Motor Skills/Coordination**

- Pencil/Crayon grip, painting, coloring, drawing and writing
- Lots of hands-on play & activities!
- Self-control & following directions
- Using playground equipment at recess- jumping, running, hopping, climbing, Etc.

#### **Social/Emotional Development**

- Cooperation with children and adults
- Problem solving
- Developing curiosity and a love for learning

#### **Oral Language/Reading Readiness**

- Learning through stories, songs and rhymes
- Practicing listening skills
- Letter names & sounds
- Discussing vocabulary words, stories & ideas

#### **Mathematics**

- Learning shapes, colors and numbers 1-20+
- Counting simple patterns
- Sorting objects by size, color, Etc.



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**2021-22  
REGISTRATION INFORMATION**

Child Enrolled: \_\_\_\_\_ Goes By: \_\_\_\_\_  
First Name Middle Last Name

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Sex  Male  Female Birthdate: \_\_\_\_\_

Child lives with: \_\_\_\_\_ School District: \_\_\_\_\_

CLASS DESIRED:    2 Day Class                              3 Day Class                              5 Day PreK      
   Must be 3 by 8/31/2021                          Must be 3 by 8/31/2021                          Must be 4 by 8/31/2021

**Non-Refundable Registration Fees:**

New Student - \$100  
(Includes registration fee, t-shirt, bag & supply fee)

Returning Student - \$80  
(Includes registration fee and supply fee;  
Does not include t-shirt or bag)

T-Shirt Size: \_\_\_ X-Small (2-4); \_\_\_ Small (6-8); \_\_\_ Medium (10-12)

Name to be imprinted on bag: \_\_\_\_\_  
(first name only)

**PLEASE COMPLETE ENTIRE FORM**

**Mother's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Father's Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

**IMPORTANT! CONTINUED ON BACK SIDE!**

CHILD'S NAME: \_\_\_\_\_

**Medical Information: (update every year and attach copy of immunization record)**

Date of Immunizations:

DTaP: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Measles, Mumps, Rubella: 1 \_\_\_\_\_ HIB: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

Hepatitis B: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ (must begin series before kindergarten)

Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any hearing or vision problems? \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Any other condition we should know about? \_\_\_\_\_

Any continued medications your child will be taking? \_\_\_\_\_

Does your child have an Epi-Pen and will you be supplying one for school? \_\_\_\_\_

Does your child have any other special medical needs? \_\_\_\_\_

**EMERGENCY INFORMATION:**

If parents cannot be reached, whom may we call?

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(home) (cell)

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Other adults authorized to pick-up:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(home) (cell)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(home) (cell)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(home) (cell)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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*To be completed by staff:*

Date Registered: \_\_\_\_\_ Class Registered: \_\_\_\_\_ Registration No: \_\_\_\_\_

Registration Fee Rec'd: \_\_\_\_\_ Amt Rec'd: \_\_\_\_\_ Registration Packet Rec'd: \_\_\_\_\_

Grace of Christ Preschool  
2020-21 School Year Tuition Agreement

9 So. 8<sup>th</sup> Ave., Yakima, WA 98902  
509-248-7940

Child Enrolled: \_\_\_\_\_

Two Day Class  
\$150 per month

Three Day Class  
\$185 per month

Five Day PreK Class  
\$250 per month

**Non-Refundable Registration Fees:**

Returning Student - \$80  
(Includes registration fee and supply fee)

New Student - \$100  
(Includes registration fee, t-shirt, bag & supply fee)

Parent Names: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone(s): \_\_\_\_\_ Work Phone(s): \_\_\_\_\_

Email Address: \_\_\_\_\_

**Payment Plan: (Select One)**

9 Month Preschool Plan – monthly payments September through May

Pay in full by September 8, 2021, receive a 3% discount.  
2 day: \$1310; 3 day: \$1615; 5-day PreK: \$2182.50

Full payment participants who withdraw from the program before the final day of the year will receive a refund of the remaining balance for full months not yet conducted, less the 3% discount given. Partial months are not included in the remaining balance.

All payments are due by the 10th of each month. Payments received after the 10th of each month will be considered late and will incur a late charge of \$25.

We need to set up a different due date of \_\_\_\_\_. Late charges will be added to payments received after five days after this date.

**Discounts**

Sibling Discount – more than one child enrolled receive a 10% discount. This discount will be applied to the lowest paid tuition.

**Financial Aid**

Grace of Christ Preschool offers financial aid to families who are in need. Families may apply for this assistance any time during the year. Financial aid is awarded as funds are available. Applications are available in the main church office.

**Agreement**

This agreement establishes a financial agreement between the parent(s) or guardian(s) listed above and Grace of Christ Preschool. The parent(s) or guardian(s) will be responsible to pay tuition and fees in full to Grace of Christ Preschool according to the Registration and Tuition Schedule and this agreement.

**Late Entry Tuition**

If your student enters the school year after the first day of school, your total tuition will be prorated according to the first day in which your student enters class. Grace of Christ Preschool will calculate the tuition by calculating the percentage of days that your student will be enrolled. Then the school will apply the percentage to the total tuition for a full year student to establish your partial year student tuition.

**Withdrawal**

A written notice of withdrawal must be made to Grace of Christ Preschool 30 days in advance of withdrawal. If 30-day notice is not given, then tuition responsibility must be met for the time until 30 days have passed. In the event of unexpected circumstances beyond participant’s control (e.g. job relocation, or financial hardship), the director may grant release from the obligations of this withdrawal policy. Such a decision is at the sole discretion of the director. This requires a submission of a signed letter declaring reasons for the early withdrawal request.

**Past Due Accounts**

Should parents fall more than 2 months behind in paying their bill, their student(s) will be withdrawn from Grace of Christ Preschool unless special arrangements have been made with the Preschool Board. If parents have an unpaid bill at the end of the school year, their student(s) will be ineligible to attend Grace of Christ Preschool the next school year until the bill has been paid in full. Should parents withdraw their child from Grace of Christ Preschool during the year, they will be responsible for any incurred balance remaining.

**Returned Checks**

A service charge of \$25 will be assessed for a check returned for any reason. In addition, a late charge will be assessed unless payment is received to cover the fund within five banking days of notification. If your check is returned three times within a three-month period, you must make all payments by money order or certified check, or by cash.

**Arbitration of Disputes**

Parents enter into this contract agreeing to use binding arbitration approved by the Session of Grace of Christ Presbyterian Church if it becomes necessary to resolve a dispute.

**Signature**

I agree to the above terms and conditions, including the obligation to pay to the school all charges for tuition and fees, and in all events to be responsible for the financial obligations of my child.

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

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

Grace of Christ Preschool  
Grace of Christ Presbyterian Church  
9 So. 8th Ave., Yakima, WA 98902  
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## AUTOMATIC PAYMENT AUTHORIZATION

Child: \_\_\_\_\_

Enrolled in:            2 Day Class                            3 Day Class                            5 Day PreK

Account Holder's Name: \_\_\_\_\_

Address (associated with bank account): \_\_\_\_\_

\_\_\_\_\_

Daytime Telephone: \_\_\_\_\_

One-Time Amount: \$ \_\_\_\_\_                            Monthly Amount \$ \_\_\_\_\_

Date to Begin: \_\_\_\_\_

Account Type:            Personal Checking                            Personal Savings                            Business Checking

Bank Name: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Bank ABA Routing Number: \_\_\_\_\_

**NOTE: A voided check or deposit slip MUST be stapled to this form.**

I authorize Grace of Christ Church of Yakima and their banking institution (U.S. Bank) to electronically withdraw my monthly tuition directly from my bank account in the amount entered above per the payment schedule indicated on the Tuition Agreement. (This payment form can only be applied to regular monthly tuition and cannot be applied for any additional costs.) I understand that a \$25 fee will be assessed for any electronic fund transfer that is denied. I recognize the convenience of this arrangement and have voluntarily provided the information above. This authorization is valid until it is changed or revoked by me in writing.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# 2021-22 Terms of Enrollment

Grace of Christ Preschool  
9 So. 8<sup>th</sup> Ave., Yakima, WA 98902 / 509-248-7940

Child Enrolled: \_\_\_\_\_

## I UNDERSTAND THAT:

- Fees for school year are calculated on an annual basis and divided evenly over nine months. Therefore, no fees or tuition will be prorated due to school closings for any reason.
- The school cannot take responsibility for school closings necessitated because of health, safety, inclement weather, holidays, or any other emergency that may arise.
- **I am responsible for returning all health, emergency and permission forms with registration packet and paying the non-refundable registration fee in order for registration in the program to be complete.**
- Upon my child's acceptance into the program, I give my permission for him/her to participate in all school activities.
- I am responsible for keeping all information up to date in regards to contact information and understand the importance of keeping the emergency contact information current.
- I do not hold the school responsible for any liability for allowing anyone authorized by me to pick up my child. My written authorization will remain effective until I notify the school in writing of its termination. I will notify the school in writing if I wish to add a new person to be authorized to pick up my child and agree that if circumstances prevent me from delivering an authorization in person, the school may rely on an authorization provided by me via email or fax.
- I agree that I am responsible for any loss, damage or destruction by my child of any property of the school and/or church and for any damages for which the school and/or church becomes liable or chargeable because of my child's actions.
- I authorize the school to use my child's photograph or appearance in any advertising or other media.
- Anything observed in the classroom is to remain **confidential** and should not be discussed outside of the classroom. Any concerns about the classroom should be directed to the teachers first and then the Preschool Director, if necessary.
- The preschool may terminate my child's enrollment in the program if:
  - In the judgment of the Director and staff, the child's behavior threatens the physical or mental health of other children in the program;
  - Tuition payments are delinquent by two (2) months. A \$25 fee will be assessed for payments made after due date, and/or any electronic fund transfer that is denied, and/or any check that is returned due to non-sufficient funds.
  - In the judgment of the Director and staff, the program does not meet the developmental needs of the child, or there is insufficient registration.

## I have read and agree to the above terms:

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent(s) Signature \_\_\_\_\_ Date \_\_\_\_\_

# CONSENT FORM

Date: \_\_\_\_\_ Name of Child: \_\_\_\_\_

Name(s) of Parent(s) or Guardian(s): \_\_\_\_\_

## **Consent to Participate and Seek Treatment:**

The undersigned parent(s) or guardian(s) do(es) hereby give permission for the child named above to participate in all activities of the church preschool program, including, but not limited to the following specific activities:

- To use playground equipment;
- To go on field trips when accompanied by a preschool or church staff member, including riding in APPROVED motor vehicles;
- To be included in evaluations and pictures connected with preschool and/or church programs.

Initial: \_\_\_\_\_

The undersigned further give(s) permission for any preschool or church staff member to take any steps deemed necessary by that person to obtain emergency medical care for the child, including but not limited to the following steps:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent or guardian through any of the persons listed on the emergency information form.
4. If contact cannot be made by the foregoing steps, then any of the following steps are to be taken:
  - a. Call another physician,
  - b. Call an ambulance
  - c. Have the child taken to an emergency hospital in the company of a staff member.

Initial: \_\_\_\_\_

The parent(s) or guardian(s) agree to pay all expenses incurred as a result of the preschool or church invoking the foregoing emergency steps.

Initial: \_\_\_\_\_

Parent(s) or guardian(s) further agree that the preschool and church will not be responsible for any results of false information given about the child at the time of enrollment.

Initial: \_\_\_\_\_

## **Photo Consent:**

I give permission for photographs and/or video footage of my child be used by Grace of Christ Preschool and/or Grace of Christ Presbyterian Church for the purpose of illustration, advertising, or publication in any manner: Yes \_\_\_\_\_ No \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Grace of Christ Preschool

9 So. 8th Ave., Yakima, WA 98902 (509) 248-7940

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR  
WHEN PARENTS OR LEGAL GUARDIAN ARE UNAVAILABLE**

The undersigned hereby authorize the Staff of Grace of Christ Preschool as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the State of Washington for our child, \_\_\_\_\_ (date of birth: \_\_\_\_\_), when such treatment is deemed necessary by such physician and we cannot be reached within a reasonable time, by reason of absence from the community, or otherwise.

Such consent may include, but is not limited to, administration of necessary anesthetics, medical treatment, tests, X-ray examinations, transfusions, injections, or drugs, and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to said physician to exercise his discretion on authorizing the disposal of any severed tissue or members.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority to consent thereto, as our said agent and my child's attending physician, in the exercise of their best judgment, may deem advisable.

This authorization shall remain effective until August 31, 2022 unless sooner revoked in writing by the undersigned or at such time that the child's attendance at this preschool is terminated and preschool is so notified by the child's parent/guardian.

**PLEASE COMPLETE:**

Does your child have a physician who should be contacted?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, Whom? \_\_\_\_\_

Date of last tetanus immunization: \_\_\_\_\_

Does your child have any chronic diseases? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please name:

\_\_\_\_\_

Does your child have any drug allergies? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, to what drugs? \_\_\_\_\_

Does your child have special medical needs not listed?

\_\_\_\_\_

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_

\_\_\_\_\_

or Legal Guardian's Signature

Date

## Student Information

Child's Name: \_\_\_\_\_ Likes to be called: \_\_\_\_\_

Favorite Color is: \_\_\_\_\_ Uses RIGHT/LEFT (circle one) hand the most

Your child's favorite toy or game is: \_\_\_\_\_ Favorite Activity: \_\_\_\_\_

Where is your regular church home? \_\_\_\_\_

Language spoken at home?

What kind of pets do you have and what are their names?

What form of discipline is used at home? What calming method is used when your child is upset?

Other children in family:

Name	Age	School (if applicable)

Are there step-parents, grandparents involved in the child's life? Who does the child live with?

What past experiences does your child have with other groups of children?

Does your child receive additional childcare in addition to the preschool? Where? How often?

Student's Name: \_\_\_\_\_

What is your child's typical daily menu? (breakfast, lunch, dinner, snacks)

Please comment on any specific dislikes or fears:

What do YOU see as the strengths and weaknesses of your child?

What are your goals for your child for this year of preschool?

How much time does your child spend doing each of the following activities daily?

Reading/looking at books: \_\_\_\_\_ Playing inside: \_\_\_\_\_ Playing outside: \_\_\_\_\_

Watching TV: \_\_\_\_\_ Playing Electronic Games: \_\_\_\_\_ Childcare: \_\_\_\_\_

Playing with other Children: \_\_\_\_\_ Coloring/Crafts: \_\_\_\_\_

Do you have any concerns about your child's ability to?

\_\_\_\_\_ Speak clearly/be understood by people who are not family members?

\_\_\_\_\_ Separate from you? \_\_\_\_\_ Interact with other children? \_\_\_\_\_ Control his/her behavior/emotions?

\_\_\_\_\_ Walk, run, jump or use large motor skills like other children his/her age?

Does your child have special needs? Are these needs physical, emotional, academic?

Student's Name: \_\_\_\_\_

Does your child have specific medical needs? If so, please explain.

If yes, please describe below:

Have you had your child's hearing and/or vision checked? If so, when and what were the results? Do you have any concerns in this area?

Has your child ever received special services? (speech, motor, emotional, educational) Have these services been terminated or do they continue?

Type of Service	Service Dates	Services Provided by/Location

Are you willing to participate as a parent volunteer in the classroom? When are you available? Do you have a particular talent/interest that you would like to share?

How did you find out about our preschool?