



Aldersgate Christian Preschool
2019-2020 Registration

(please print with blue or black ink)

Child's Information

LAST _____ FIRST (name to be used at school) _____ Male Female Birthdate _____

List previous group experiences/schools attended _____

Parent/Guardian Information

Mother's Name _____ Father's Name _____

Child's Home Phone _____ Child's Address _____
(Street) (City) (Zip)

Mother's Cell Phone _____ Father's Cell Phone _____

Mother's Work Phone _____ Father's Work Phone _____

Mother's Occupation/Company _____ Father's Occupation/Company _____

Primary Email (to be used for all school communications) _____

Primary Phone # (to be used on class roster and best way to reach parent while child is at school) _____

Persons that are **authorized to pick up your child** (other than parents & emergency contact, list as many as necessary)

Name _____ Relationship to child _____ Phone # _____

Name _____ Relationship to child _____ Phone # _____

Name _____ Relationship to child _____ Phone # _____

Local Emergency Contact (this person needs to be someone other than the parent and who is authorized to pick up your child or who may be contacted regarding your child in the event parents cannot be reached)

Name _____ Relationship to child _____ Phone # _____

Family Information

Primary language spoken at home _____ Siblings and their ages living at home _____

School district in which you reside _____ Church Affiliation _____

Medical Information

Does your child have any **food, medication or environmental allergies?**

NO _____ YES _____ Select all that apply: Food _____ Medication _____ Environmental _____

If yes, please list and explain: _____

Does your child require an **Epipen**? NO _____ YES _____ If Epipen is required, please fill out **Medical Consent** form in the ACP office.

Does your child have any **special health or medical condition** that the ACP staff would need to be aware of? NO _____ YES _____

If yes, please list and explain _____

Please list below any additional information regarding your child that would be useful for our teaching staff to know such as known fears, eating, sleeping and toileting habits _____

Medical Release

In the unlikely event that your child has an injury or medical emergency at school, every effort to reach both parents and the emergency contact are made. If parent/guardian or emergency contact cannot be immediately contacted, I hereby authorize the ACP staff to provide my child with basic first aid, including CPR and to obtain emergency medical treatment to be performed by a licensed physician at the hospital in order to safeguard the health of my child. I further give my permission to have my child transported by ambulance/aid car and taken to an emergency center/hospital for treatment as necessary.

Parent Signature _____ Printed Name _____ Date _____

PLEASE CONTINUE ON BACK.....

Please number the box below with your first choice (#1) and second choice (#2)

mark choice
In box below

First Step - Young 2's (2YO by 8/31/19)		Mon/Wed	\$225/mo
First Step		Tue/Thu	\$225/mo
2/3 - Older 2's (2YO by 3/1/19)		Mon/Wed	\$225/mo
2/3		Tue/Thu	\$225/mo
FS & 2/3 - Add Friday		Friday	\$115/mo
3/4 - 3YO by 8/31/19 and potty trained		Mon/Wed	\$225/mo
3/4		Tue/Thu	\$225/mo
3/4		Mon-Thu	\$450/mo
3/4 - Add Friday		Friday	\$115/mo
Pre-K - 4YO by 8/31/19		Tue/Thu 9:30-1:30	\$340/mo
Pre-K - Add Friday		Friday	\$115/mo
Pre-K		Mon/Wed/Fri	\$340/mo
Pre-K		Mon-Thu	\$450/mo
Pre-K		Mon-Fri	\$565/mo

You may choose classes to create a 3, 4 or 5 day option for your child. It is not guaranteed that your child will have the same teacher for both classes. Friday Class may be added to any class. Class times are 9:30AM - 12:00PM except the Pre-K TTh class which meets 9:30AM - 1:30PM. You may extend your child's day to 1:30 for an additional fee of \$18/day. Children who stay until 1:30 bring lunch from home.

Please return this **completed** registration form along with your **registration fee** (\$150 per class for one child, \$250 for two or more children). We accept cash, checks, credit cards or automatic payments made through your bank. Make checks payable to ACP. **Registration fees are NON-REFUNDABLE once your child is placed in a class.**

Financial Agreement - Tuition to attend ACP is an annual amount divided into ten equal installments. The first installment is due June 1st. Installments 2-10 are due on the 15th of each month September through May. A \$15 late fee is assessed unless previous arrangements have been made with the Director or Finance Manager. No tuition credit is given for missed days due to vacation, extended absences and illness or snow days. Notification is required in writing 30 days prior to permanent withdrawal from the school.

I have read and understand the Financial Agreement as outlined above. _____ please initial

Release of Student Information

You may include my student's information and parent email (no address/phone # included) in the Aldersgate Christian Preschool Directory. The ACP Directory is only distributed to families of Aldersgate Christian Preschool.

_____ Yes _____ No

You may use photos that include my child's image and school work on the Aldersgate Christian Preschool website and Facebook page.

_____ Yes _____ No

Thank you for registering your child at ACP! Please contact us in the preschool office should you have any questions.

Dorothy Beeman, Director
Jill Swanson, Finance Manager

Aldersgate Christian Preschool

14230 SE Newport Way
Bellevue, WA 98006
(425) 562-0433
Email: acp_aumc@msn.com
Website: acpreschool.com

Office Use:

Enroll Date _____ Start Date _____ First Month's Tuition _____

De-Enroll Date _____ Reason _____

Registration Payment: \$150 \$250 Method: Cash _____ Check# _____ Amount \$ _____

Class: F/S MW F/S TTh 2/3 MW 2/3 TTh 3/4 MW 3/4 TTh 3/4 M-Th Pre-K MWF Pre-K TTh Pre-K M-Th

Friday Class FS & 2/3

Friday Class 3/4

Friday Class Pre-K