

Harbour Pointe Christian Preschool (2010-2011)

CHILD'S NAME _____

Indicate below which class your child will be enrolling in:

A non-refundable \$75.00 registration and supplies fee plus your first month's tuition are due upon enrollment.*Your Last month's (May or June) tuition is due upon the first day of class.

Pre- Kindergarten M-Th (\$100 registration fee for this class) (class runs through second week of June)	9:00-1:00	()	\$300.00
MTWTh	9:00-11:30	()	\$195.00
MTWTh (pm)	12:15-2:45pm	()	\$195.00
MWF	9:00-11:30	()	\$175.00
M/W Threes	9:15-11:15	()	\$125.00
T/Th Threes	9:15-11:15	()	\$125.00
Friday Twos	9:15-11:15	()	\$ 65.00
Jump Into A Book (Fridays)	9:15-11:15	()	\$ 65.00

*If you withdraw your child from our program after August 15, then your first month's tuition is not refundable.

Due to the restrictions of staff and space and in consideration of those who qualify, we will enforce the deadlines imposed by the Mukilteo School District. To enter the Threes Program, your child must be three by August 31, 2010. (Birthdate prior to 9-1-07). To enter the Fours Program, your child must be four by August 31, 2010. (Birthdate prior to 9-1-06).

Permission slip for field trip participation: During the school year, the children will have the opportunity to enrich the classroom experience with excursions outside the school facilities.

My child, _____ has my permission to go on all educational field trips during the 2010-2011 school year.

Date _____ Signature _____
(parent or legal guardian)

Harbour Pointe Christian Preschool
5425 Harbour Pointe Blvd.
Mukilteo, WA 98275 (425)353-7457

**2010-2011
ENROLLMENT AGREEMENT**

Child's Name _____ Birthdate _____

What does your child like to be called? _____

Address _____ City _____ Zip _____

Home Phone _____ E-Mail Address _____

Brothers/Sisters _____ Age _____

_____ Age _____

_____ Age _____

Father's Name _____ Mother's Name _____

Address _____ Address _____

City _____ Zip _____ City _____ Zip _____

Phone _____ Phone _____

Employer _____ Employer _____

Work Phone _____ Work Phone _____

Cell Phone _____ Cell Phone _____

If I find it necessary to withdraw my child from Harbour Pointe Christian Preschool, I will give two weeks written notice.

Current Date _____ Signature _____

Harbour Pointe Christian Preschool, a ministry of Trinity Lutheran Church/Pointe of Grace, admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities of our school. Harbour Pointe Christian Preschool does not discriminate on the basis of race, color, national or ethnic origin in administration policies, financial assistance programs or other school administered programs.

For office use only: Date app. rec'd _____ Amount rec'd _____

Child is enrolled in the following class _____ Check () Cash ()

PLEASE INITIAL OR DECLINE THE FOLLOWING:

_____ HPCP has my permission to list my phone number in a school-wide directory only.

_____ HPCP has my permission to photograph or videotape my child for school use only.

HEALTH & EMERGENCY INFORMATION

Child's Name _____

Physician's Name _____ Phone _____

Hospital Preference _____ Phone _____

Give a brief statement as to your child's overall health _____

Does your child have any specific health problems? (Vision or hearing loss, speech delays/difficulties, allergies, convulsions, heart condition etc.) Please explain.

If parents cannot be contacted, whom may we call?

Name _____ Relationship _____

Phone _____ Cell Phone _____

Name _____ Relationship _____

Phone _____ Cell Phone _____

**Immunization forms will be distributed and must be returned by the first week of class.

Signature _____ Date _____

(parent or legal guardian)