

**Harbour Pointe Christian Preschool**

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	9:00-1:00	( )	\$280.00
(\$100 registration fee for this class)			
(class runs through second week of June)			
MTWTh	9:00-11:30	( )	\$190.00
MWF	9:00-11:30	( )	\$165.00
M/W Threes	9:15-11:15	( )	\$120.00
T/Th Threes	9:15-11:15	( )	\$120.00
Friday Twos	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, 2008. (Birthdate prior to 9-1-05). To enter the Fours Program, your child must be four by August 31, 2008. (Birthdate prior to 9-1-04).

-----  
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 2008-2009 school year.

Date \_\_\_\_\_ Signature \_\_\_\_\_  
(parent or legal guardian)

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

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 Harbour Pointe Lutheran Church, admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the church. It does not discriminate on the basis of race, color, national or ethnic origin in administration of its policies.

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)

