

Hillside Christian Preschool

A Ministry of the Marysville Free Methodist Church
6715 Grove Street, Marysville, WA 98270
(360) 659-7117 Church Office Hours: Tues, Wed, Thurs 9:00am-3:00pm

FOR OFFICE USE ONLY

☐ 2-DAY AM
☐ 3-DAY AM
☐ PRE-K 3 DAY AM ☐ PRE-K 3 DAY PM
☐ PRE-K 5 DAY AM ☐ PRE-K 5 DAY PM
Immunization Form: ☐
Registration Fee received: _____

2016-2017 REGISTRATION

- ☐ Check here if you **DO NOT** want your telephone number and address included on a class list provided to parents upon request.
☐ Check here if you **DO NOT** want your child's photo used in publications. No names will be used, but faces will be seen.

Please print clearly!

CHILD'S FIRST AND LAST NAME: _____

NICKNAME, IF ANY: _____ CHILD'S BIRTH DATE: _____

SEX: ☐ MALE ☐ FEMALE PRIMARY PHONE NUMBER: (____) _____

HOME ADDRESS: _____ ZIP _____

Primary E-Mail Address: _____

PARENT INFORMATION

FATHER'S FIRST/LAST NAME _____ OCCUPATION _____

PHONE: Cell: _____ Home: _____ Work: _____

ADDRESS (if different than child's) _____

MOTHER'S FIRST/LAST NAME _____ OCCUPATION _____

PHONE: Cell: _____ Home: _____ Work: _____

ADDRESS (if different than child's) _____

EMERGENCY INFORMATION

Child's Physician _____ Phone# _____

Daycare Provider _____ Phone# _____

Emergency Contact Person (other than parents)

Name _____ Relationship _____

Address _____ Phone# (____) _____

I understand that every effort will be made to contact the parents if (child's name) _____ needs medical attention. However, if it is impossible to do so, I hereby give my permission to the staff of Hillside Christian Preschool to secure proper treatment.

Guardian/Parent Signature _____ Date signed _____

Is there anyone NOT allowed to have contact with your child? () Yes () No

If yes*, _____
Name of person Relationship to student Brief description

*A copy of the legal document restricting contact would be appreciated for our records.

Please check the class you would like your child to attend:

- ☐ **Two Day Classes (3 years old)** Thursday, Friday ☐ 9:30am – 12:00pm (\$125/month)
- ☐ **Three Day Classes (4 years old):** Monday, Tuesday, Wednesday ☐ 9:30am – 12:00pm (\$155/month)
- ☐ **Pre-K: 3 Day Classes (4 years old by 8/31):** Monday, Tuesday, Wednesday (\$170/month)
I prefer: ☐ 9:30am – 12:00pm ☐ 12:45pm – 3:15pm (please check one)
- ☐ **Pre-K: 5 Day Classes (4 years old by 8/31):** Monday, Tuesday, Wednesday, Thursday, Friday (\$190/month)
I prefer: ☐ 9:30am – 12:00pm ☐ 12:45pm – 3:15pm (please check one)

HEALTH INFORMATION

Please describe the general health of your child:

Are there any special needs or physical handicaps that we need to be aware of? ☐ YES ☐ NO

(If yes, please explain)

Please indicate any special problems, allergies (INCLUDING FOOD/ANIMAL ALLERGIES), medications, and any necessary treatment: EpiPen ☐ YES ☐ NO Inhaler ☐ YES ☐ NO

HOME ENVIRONMENT

Status of Parents: ☐ Married ☐ Divorced ☐ Separated

Child lives with: ☐ Mother & Father ☐ Mother only ☐ Father only
☐ Mother & Stepfather ☐ Father & Stepmother ☐ Legal Guardian
☐ Grandparents ☐ Other –please specify - _____

See TUITION AGREEMENT on next page. Please sign here indicating that you have read the agreement.

Signature _____ Date Signed _____

Before turning in your registration form, be sure that you have:

- ☐ Filled in all the blanks
- ☐ Completed the immunization form
- ☐ Provided a check, or submitted a payment for either a non-refundable registration fee or non-refundable deposit for returning families that is applied to your September tuition.
- ☐ Sign that you understanding the tuition agreement.

Thank you!

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TUITION AGREEMENT

Please keep for your records

Upon enrolling your child in Hillside Christian Preschool, please be certain that you understand and agree to the following TUITION POLICY.

1. A non-refundable registration fee is required upon enrollment; \$60 deposit if enrolled before May 31 and a \$75 deposit if enroll after May 31.

Tuition is due on the first day of each month and must be received in the office no later than the **9th of the month**. If it is necessary to withdraw your child from school, a two week notice, in writing, must be given to the director or you will be charged the entire month's tuition. For the **first and last month** of Preschool, September & May, payment will be **due on September 12.**

A 10% discount will be given on any additional children, after the first enrolled. A 10% discount is provided to our first responders, and active military.

- i. Payments may be mailed to the church office (6715 Grove St. Marysville, WA 98270), placed in the payment box located in the preschool office, or paid on line at www.marysvillefmc.org, and click on the "preschool" tab, then scroll down and click on the "Tuition" box. Follow the instructions.

NO CASH WILL BE ACCEPTED.

- ii. A **late fee of \$10.00 per day** will be charged for payments received after the 9th, unless prior arrangements have been made with the preschool director. The preschool director should be notified of unusual circumstances. A 30 day delinquency shall constitute grounds for dropping the child from the program, pending review by the director and the church Administrative Manager.

******A fee of \$20.00 will be charged for NSF (non-sufficient funds) checks.**

2. **Tuition payment for September/May** (or the first month enrolled + May) is due on or before **September 12.**
3. The monthly tuition is an average of all the school days for the entire school year, September 12 through June 3. It takes into consideration all school holidays, in-service days, and school closures due to inclement weather.

Tuition Schedule

Month	2-Day	3-Day	Pre-K 3-Day	Pre-K 5-Day
Sept./May	\$250	\$310	\$340	\$380
October	\$125	\$155	\$170	\$190
November	\$125	\$155	\$170	\$190
December	\$125	\$155	\$170	\$190
January	\$125	\$155	\$170	\$190
February	\$125	\$155	\$170	\$190
March	\$125	\$155	\$170	\$190
April	\$125	\$155	\$170	\$190



Certificate of Immunization Status (CIS)

DOH 348-013 January 2010

Office Use Only:
Reviewed by: _____ Date: _____
Signed Cert. of Exemption on file? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Registry.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (mm/dd/yyyy): _____ Sex: _____
I certify that the information provided on this form is correct and verifiable.
Parent/Guardian Name (please print): _____
Parent/Guardian Signature Required _____ Date _____

Symbols below: ♦ Required for School and Child Care/Preschool
● Required for Child Care/Preschool Only

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap, Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			

Vaccine	Dose	Date		
		Month	Day	Year
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
Influenza (flu, most recent)				
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox) or verify disease 1-4 ▶				
	1			
	2			
Hepatitis A (Hep A)				
	1			
	2			
Meningococcal (MCV, MPSV)				
	1			
Human Papillomavirus (HPV)				
	1			
	2			
	3			
Office Use Only: Immunization information updated and verified with parent/guardian permission:				
Printed Staff Name		Date	Printed Staff Name	
Date			Date	
Printed Staff Name		Date	Printed Staff Name	
Date			Date	

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified. Mark option 1, 2, 3, OR 4 below – see, back #5.

1) ☐ Chickenpox disease verified by printout from CHILD Profile Immunization Registry. Must be marked by printout (not by hand) to be valid.

2) ☐ Chickenpox disease verified by Health Care Provider (HCP). If you choose this box, mark 2A OR 2B below.
2A) ☐ Signed note from HCP attached OR
2B) ☐ HCP signed here and print name below:

Licensed health care provider (HCP) Signature Date (MD, DO, ND, PA, ARNP)
HCP Printed Name: _____

3) ☐ Chickenpox disease verified by school staff from CHILD Profile Immunization Registry. If you choose this box, staff must initial that parent or guardian approves: _____ (initial) _____ (date)

4) ☐ Chickenpox disease verified by parent*. If you choose this box, fill in the date or child's age when he or she had the disease:
Age/Date of disease: _____
*Can ONLY verify for some grades, see back #5 (4).

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked. Signed lab report(s) MUST also be attached.

☐ Diphtheria ☐ Mumps ☐ Other: _____
☐ Hepatitis A ☐ Polio _____
☐ Hepatitis B ☐ Rubella _____
☐ Hib ☐ Tetanus _____
☐ Measles ☐ Varicella _____

Licensed health care provider (HCP) Signature Date (MD, DO, ND, PA, ARNP)
HCP Printed Name: _____

Parents please keep this for your records

We have all the crayons and glue supplies for your child. Here is a list of things that are a BIG help all year in our classrooms:

- Dixie Cups 5oz
- Kleenex Tissues
- Paper Towels
- Baby Wipes
- Hand Sanitizer
- Lysol or Clorox wipes (Can be any name brand)

Thank you for your Support.
Miss Jammi and Staff.