Date Received: _____ (office use only)

Enrollment Fee: _____

Chapel Hill Preschool

7700 Skansie Ave Gig Harbor WA 98335 | 253-853-0234

Application for Enrollment 2020—2021

Enrollment fee (not refundable):

Current family $75 (multiple children $100) New family $100 (multiple children $125)

Please complete this form in full for each child applying for enrollment or register online at chapelhillkids.org. Children are to be the listed age by August 31. Indicate class preference below. *May mark 1st and 2nd choice.*

2 Year Olds - 9:00-12:00	*3 Year Olds - 9:00-12:00*	*PreKindergarten: Monday- Thursday*
____ Tue, Wed $2,100	____ T, W $2,100 ___ M,T,W $2,900	_____ 3 hour/9-12:00 $3,700 _____ 4 hour/9-1:00 $4,400

⇒ Prices are for the 10 month period (Sept-June), with the first installment due by **July 10**. Payments may be made monthly through April 10.

⇒ Family discounts are 10% of the lower tuitions. Partial scholarships may be available. Ask for the separate assistance form.

Child's Name _____ **M F Date of Birth** _____
Last First Middle
Expect to enter Kindergarten in Sept: 2021 2022 2023 (circle year)

Father/Stepfather/Guardian: _____

Address: _____

Dad Cell Phone _____

2nd Phone _____

E-mail _____

Mother/Stepmother/Guardian: _____

Address: _____
(If different from above)

Mom Cell Phone _____

2nd Phone _____

E-mail _____

Child lives with: Both parents___ Mother____ Father_____ Guardian ___

Designated email for tuition & fees _____

Who is responsible for payment? Both parents____ Mother____ Father____ Guardian____ Other_____

Who has permission to pick up your child? Both parents____ Mother____ Father_____ Other _____

Others authorized to pickup your child:

Name_____ Phone _____Relationship_____

Name_____ Phone _____Relationship_____

Name_____ Phone _____Relationship_____

Chapel Hill Preschool Medical Consent

In the event your child becomes ill or sustains an injury while under our care, Preschool personnel will evaluate, treat, and if necessary, call 911. In a serious situation, staff will call the number you have written on the day's sign-in sheet, and other emergency contacts as required.

CONSENT FOR EMERGENCY HOSPITAL ADMISSION AND/OR PHYSCIAN'S CARE:
I, the undersigned, hereby consent to all medical and surgical treatment by the attending physician and to the administration and performance of all examinations, administering medicine, treatments, anesthetics, operations, x-rays, or other procedures which may be deemed critically necessary for _____(name) during emergency treatment and/or stay at this hospital.

I have read the above consent form, and understand and agree to its content.

Parent/Guardian Signature_____Date_____

Chapel Hill Preschool
Parental Agreement

Mission Statement:
As a ministry of Chapel Hill Church, Chapel Hill Preschool seeks to develop a love of learning in preschool age children. We accomplish this through a classroom that is Christ-centered and provides for their social, emotional, physical, intellectual and spiritual needs.

Our goals:
- To challenge children to explore the world around them
- To help children express their ideas and concerns in emotionally healthy ways
- To help children appreciate the ideas and feelings of others
- To provide children the opportunity to develop as a unique person and at their own pace
- To promote both fine and gross motor development.
- To assist parents in the Christian nurture of their children.

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1. Philosophy: We as parents/ guardians understand the mission statement and goals of Chapel Hill Preschool and by signing this parental agreement, do pledge to support and cooperate at home and at school to enhance and fulfill these goals.

2. *Parental involvement:* We understand that the aims of the school cannot be fulfilled without parental involvement. This involvement shall include, but not be limited to, reading information sent from the school, communication with our child's teachers, and attendance at school functions and parent meetings.

3. ***Liability*:** We release Chapel Hill Preschool and Chapel Hill Presbyterian Church from all liability, except negligence, while our child is under school care and responsibility.

4. *Placement:* We understand that the school has full discretion in the class placement of our child and the school pledges to work closely with parents in this placement.

5. *Financial agreement*: We agree to fulfill all financial obligations promptly. We understand that the tuition payment is due on the 10th of each month and if the full payment is not in the school office by the 15th of each month, a late charge may be added to our account. We also agree that registration fees are non-refundable. Any payment denied by the bank will result in a fee charge to our account.

6. ***Withdrawal:*** Thirty day written notice of anticipated withdrawal is required in order to obtain a refund of prepaid tuition. Refunds consist of any tuition that has been paid beyond the thirty day notice and are based on a daily rate. No refunds will be given after April 1.

7. *Toileting Assistance:* The Preschool staff will assist my child with toileting, including diaper changes, wiping, and clothing changes as needed unless directed otherwise.

We have read this agreement carefully and herby agree to the terms.

_____/_____

Parent Signatures Date

Please return this and a copy of your child's immunization record to the office, or mail to:

Chapel Hill Preschool, 7700 Skansie Ave, Gig Harbor WA 98335

Immunization** records may be **faxed** to: **253-851-5842