

(for office use)  
Regis. Date \_\_\_\_\_  
Amount rec'd \_\_\_\_\_

**VALLEY CHRISTIAN PRESCHOOL**  
**11188 SW Wilsonville Rd.**  
**Wilsonville, Or. 97070**  
**503-582-8267**

**2's Registration Form**

(Child must be 2 years of age by Sept. 1st) I prefer Tues. \_\_\_\_\_ I prefer Fri. \_\_\_\_\_

Child's full name: \_\_\_\_\_ Name child goes by: \_\_\_\_\_

Age now \_\_\_\_\_ Birthdate \_\_\_\_\_ M or F \_\_\_\_\_ Home phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email address \_\_\_\_\_

Potty trained? Yes \_\_\_ No \_\_\_ Working on \_\_\_\_\_

Allergies \_\_\_\_\_ Fears \_\_\_\_\_

Helpful information (special blanket, likes stories, pacifier, etc.) \_\_\_\_\_

Siblings' names and ages \_\_\_\_\_

Father's name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business phone \_\_\_\_\_ Cell \_\_\_\_\_

Mother's name \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Business phone \_\_\_\_\_ Cell \_\_\_\_\_

Relative or friend who can be called in an emergency when parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

My child's immunizations are up to date \_\_\_\_\_. (Completed county form required)

Child's physician- only to be called in case of emergency & when parents cannot be reached:

Name \_\_\_\_\_ Phone \_\_\_\_\_

I authorize Valley Christian Preschool to call for emergency ambulance care or to call my child's physician in case of an accident or acute illness, and to allow for possible emergency medical attention and surgical care in case the physician or I am not immediately available.

Parent signature \_\_\_\_\_

People (other than parents) authorized to pick my child up from school:

\_\_\_\_\_ relation to student: \_\_\_\_\_

\_\_\_\_\_ relation to student: \_\_\_\_\_

- I do hereby state that the above information is true and accurate to the best of my knowledge.
- I understand the \$25 registration fee is non-refundable.
- I understand the month's tuition is due the first of each month, Sept. through May.
- I also understand that a \$10.00 late fee will be assessed if tuition is late and I have not made arrangements with the administrator. I also understand that a \$10.00 fee will be charged for a returned check.
- I understand no adjustments for absences can be made, as a child's absence does not decrease the school's operational expenses.

Parent signature:

Today's date:

\_\_\_\_\_

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503.582.8267 [www.vccwilsonville.org](http://www.vccwilsonville.org)

We are very excited to start a brand new class for two year olds- fall of 2009.  
We call it "TIME FOR TWOS." It will be on Tuesday or Friday mornings from 9:00-11:30.

The teacher is Lora Fahlgren, a very loving and experienced preschool teacher.  
There will be at least one assistant as well.

Cost: \$12.50 per class This is due the first of each month, but will vary according to the number of class days each month.

The registration fee for this class is just \$25. It is limited to the first 10 who sign up.

What you'll need to provide:

- Sippy cup with juice, milk or water
- Backpack or diaper bag with change of clothes, training pants, pull-ups or diapers, and wipes
- Label everything

We will provide a snack each day; please let us know if you know of any allergies your child has.

Our 2's class time will include play time, interaction with other children and adults, snack time, story time, simple crafts and recess. It will be a great foundation to their school years, while at the same time give moms some free time.

If you have any questions about this class, please talk with me by phone or email: The school # is 503.582.8267; home is 503.682.2804 and my email is [beckynics@msn.com](mailto:beckynics@msn.com).

WE LOOK FORWARD TO MEETING YOUR 2 YEAR OLD!

Becky Nichols  
Director  
Valley Christian Preschool