

(for office use)
Regis. Date _____
Amount received _____

VALLEY CHRISTIAN PRESCHOOL
11188 SW Wilsonville Rd.
Wilsonville, Or. 97070
503.582.8267

4'S REGISTRATION FORM
Child must have 4th birthday by Sept. 1

Class preference: MWF 9:00-11:30 _____ or MTTh 12:30-3:00 _____

Child's full name _____

Name you want teachers to use at school and child to write & recognize _____

Age _____ Birthdate _____ M/F _____ Phone #s _____

Address _____ City _____ Zip _____

Email addresses _____

Siblings names and ages _____

Child lives with: both parents _____ Mom _____ Dad _____ Other _____

Dad's name _____ Occupation _____

Employer _____ Business phone _____

Mom's name _____ Occupation _____

Employer _____ Business phone _____

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

Name _____ Phone _____ Relation _____

I give my permission for my child to be taken on field trips by bus or private motor vehicle under proper supervision.

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

Parent signature _____

My child takes care of his/her bathroom needs _____ (please initial)

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

_____ phone _____ relation to student _____

_____ phone _____ relation to student _____

_____ phone _____ relation to student _____

Any allergies , emotional or physical problems the school should be aware of:

Any additional information such as likes, dislikes fears, eating habits, how he/she interacts with other children and adults or anything you think would be helpful to knowing your child better:

My child has had previous preschool experience _____ Where? _____

My child attends _____ church or no church _____

- I do hereby state that the above information is true and accurate to the best of my knowledge.
- I understand the \$75 registration fee is non-refundable
- I understand the monthly tuition is due on the first school day of the month, Sept-May
- I understand that a \$10 late fee will be assessed if tuition is late (past the 10th) and I have not made arrangements with the director. I also understand that I will be responsible for any bank charges the school incurs for my returned/unpaid check.
- I understand that no adjustments in tuition can be made for absences, as a child's absence does not decrease the school's operational expenses.

Parent signature _____ Date _____

How I heard about Valley Christian Preschool _____