

(for office use)  
Regis. Date \_\_\_\_\_  
Amount received \_\_\_\_\_

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

3'S REGISTRATION FORM  
Child must have 3rd birthday by Sept. 1

Class preference: Tues. & Thurs. 9:00-11:30 \_\_\_\_\_ or 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 \$100 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 10<sup>th</sup>) 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 \_\_\_\_\_