REGISTRATION FORM 2021-2022

22818 SE 8th Street Sammamish, WA 98074 Becky@shlc.org www.shlpreschool.org 425-698-5777

Name of SHLP parent who referred you: _



Office Use Only		
Class enrolled in:		
Check amount:		
Check Number:		

Mommy & Me (18 months by Aug. 31st)		Wednesday	9:30-11:15 (\$75.00/month)
Older 2's (2 ½ by Aug. 31st)		Tues/Thurs	9:30-11:30 (\$200.00/month)
3's 2 days a week (3 by Aug. 31st)3's 2 days a week w/ Lunch Bunch (3 by Aug. 33's 3 days a week (3 by March 31st)3's 3 days a week w/Lunch Bunch (3 by Ma	•	Tues/Thurs Tues/Thurs Tues/Wed/Thurs Tues/Wed/Thurs	9:30-12:15 (\$230.00/month) 9:30-1:00 (\$270.00/month) 9:30-12:15 (\$270.00/month) 9:30-1:00 (\$330.00/month)
Pre-K 3 days a week (4 by Aug. 31st) Pre-K 3 days a week w/ Lunch Bunch (4 by Aug. Pre-K 4 days a week w/science Thursday Pre-K 4 day a week w/ Lunch Bunch w/ Science Older Pre-k (4 by March 31st) Lunch time during	e Thursday	Mon/Wed/Fri Mon/Wed/Fri Mon/Wed/Thurs/Fri Mon/Wed/Thurs/Fri Tues/Wed/Thurs 9:30	9:15-12:15 (\$330.00/month) 9:15-1:00 (\$390.00/month) 9:15-12:15 (\$415.00/month) 9:15-1:00 (\$495.00/month)
**\$150.00 Registration Fee (or \$	te on age app	ropriate immunization	s. Immunization records due at
Child's Name: Child's preferred name if different:	Birth	unization exemptions a	
Address		Home	e Phone
City			ode
Parent Name			
Employer	Emplo	yer	
Work Phone	_ Work I	Phone	
Home Phone	Home	Phone	
Cell Phone	Cell Ph	none	
Email	Email_		
Child resides with:	_		
Alternate address:			
How did you hear about us (friend website Open Play	vetc 1?		

REFER A FRIEND!

Does your child have any life threatening allergies?To what?		
Potential reaction:		
Requires Physicians Care	yesno Medication Required on Siteyesno	
Is your child up-to-date on a	ge appropriate immunizations? yesno	
If no, what is your plan to ge	t caught up? Explain.	
Are there any health concer	ns or conditions that we should know about? (such as speech delays, ADD/HD, hearing challenges,	
medical issues, etc.)		
Has your child been enrolled	in daycare or preschool previously? If yes, where and for how long?	
Is English your child's first lar	guage: Language spoken at home other than English:	
	ne and their ages:	
	on:	
	g more about Sammamish Hills Lutheran Church? (Circle one) Yes No	
Reg	istration Agreement with Sammamish Hills Lutheran Preschool	
Enrollment:		
-	must be paid before registration for the 2021-2022 school year.	
	registration fee of \$150 First & last month's tuition will be paid in Sept. ration forms must accompany the fees at the time of registration.	
	on after August 31, 2022 the tuition deposit for June 2022 is non-refundable unless the space is able	
	udent I understand that my child must be up to date on all age appropriate, "required vaccines for DIMMUNIZATION EXEMPTIONS ALLOWED.	
Tuition Payments:		
payments received may be mailed direc avoid a late fee. Ac director.	e monthly tuition is due on the 1st of each month and that an additional \$25.00 will be charged on after the 10th of the month, unless prior arrangements have been made with the director. Payments ty to the school or deposited in the "tuition box" at school by the 10th of the month in order to count balances must be paid in full each month unless prior arrangements have been made with the 00 service fee on any returned checks.	
	annot be given for absences, illness, vacations or school closures due to weather or emergency	
situations. Tuition v	vill not be pro-rated for any regularly scheduled absences during any school month. ly be credited toward the May 2022 tuition, and may not by used to pay tuition for any other month	
of preschool.		
-	ol Year: (PLEASE READ CAREFULLY)	
date. If the space is	HLP I agree to notify the director by contacting in writing (email fine) 30 days prior to withdrawal filled within 30 days, my tuition deposit will be refunded. If the space remains unfilled after the 30 od the June tuition deposit will <u>not</u> be refunded.	
	und of the current month's tuition if a child has been enrolled for any part of the month.	
	e deposit may not be applied to any previous month's tuition, other than June 2022.	
11	nave read the above policy and agree to comply with the terms as stated.	
Signed	Date	

____ I would like to receive information regarding SHLP's "Guardian Angel" Tuition Assistance Program