

REGISTRATION FORM 2022-2023

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



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

___ Acorns (18 months by Aug. 31 st) Grown up & Me	Wednesday	9:30-11:15 (\$80.00/month)
___ Sprouts (2 ½ by Aug. 31 st)	Tues/Thurs	9:30-11:30 (\$220.00/month)
___ Saplings 2 days a week (3 by Aug. 31 st)	Tues/Thurs	9:30-12:30 (\$260.00/month)
___ Saplings 3 days a week (3 by March 31 st)	Tues/Wed/Thurs	9:30-12:30 (\$300.00/month)
___ Cedars 3 days a week (4 by Aug. 31 st)	Mon/Wed/Fri	9:30-12:30 (\$330.00/month)
___ Cedars 3 days a week w/ Lunch Bunch (4 by Aug. 31 st)	Mon/Wed/Fri	9:30-1:00 (\$390.00/month)
___ Cedars 4 days a week w/ Thursday	Mon/Wed/Thu/Fri	9:30-12:30 (\$440.00/month)
___ Cedars 4 day a week w/ Lunch Bunch & Thursday	Mon/Wed/Thurs/Fri	9:30-1:00 (\$460.00/month)
___ Maples (4 by March 31 st) Lunch time during class	Mon/Tues/Wed/Thurs	9:30-1:00 (\$460.00/month)

****\$150.00 Registration Fee (or \$50 for Acorns) time of registration** June's deposit due in Sept with \$20 class supply fee**

All registered students must be up to date on age appropriate immunizations. Immunization records due at time of registration. No immunization exemptions allowed.

Child's Name: _____ Birth date: _____ Circle: Male or Female
 Child's preferred name if different: _____

Address _____ Home Phone _____
 City _____ Zip Code _____

Parent Name _____ Employer _____ Work Phone _____ Home Phone _____ Cell Phone _____ Email _____	Parent Name _____ Employer _____ Work Phone _____ Home Phone _____ Cell Phone _____ Email _____
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Child resides with: _____
 Alternate address: _____

How did you hear about us (friend, website, Open Play etc.)? _____

Name of SHLP parent who referred you: _____

REFER A FRIEND!
 Refer a friend, if they register, you receive \$25.00 off September tuition!

Medical and Personal Information

Does your child have any life threatening allergies? _____ To what? _____

Potential reaction:

Requires Physicians Care ___yes ___no Medication Required on Site ___yes ___no

Is your child up-to-date on age appropriate immunizations? ___yes ___no

If no, what is your plan to get caught up? Explain. _____

Are there any health concerns 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 language: _____ Language spoken at home other than English: _____

List other children in the home and their ages: _____

Home Church/Church affiliation: _____

Are you interested in learning more about Sammamish Hills Lutheran Church? (Circle one) Yes No

Registration Agreement with Sammamish Hills Lutheran Preschool

Enrollment:

1. All past due tuition must be paid before registration for the 2022-2023 school year.
2. The non-refundable registration fee of \$150 must be paid at the time of registration,
3. June 23' deposit and \$20 class supply fee is due in Sept.
4. All completed registration forms must accompany the fees at the time of registration.
5. **To be an enrolled student I understand that my child must be up to date on all age appropriate, "required vaccines for child care entry" NO IMMUNIZATION EXEMPTIONS ALLOWED.**

Tuition Payments:

1. I understand that the monthly tuition is due on the 1st of each month and that an additional \$25.00 will be charged on payments received after the 10th of the month, unless prior arrangements have been made with the director. Payments may be mailed directly to the school or deposited in the "tuition box" at school by the 10th of the month in order to avoid a late fee. Account balances must be paid in full each month unless prior arrangements have been made with the director.
2. I agree to pay a \$25.00 service fee on any returned checks.
3. Refunds or credits cannot be given for absences, illness, vacations or school closures due to weather or emergency situations. Tuition will not be pro-rated for any regularly scheduled absences during any school month.
4. The deposit may only be credited toward the June 23 tuition, and may not be used to pay tuition for any other month of preschool.

Withdrawal during the School Year: (PLEASE READ CAREFULLY)

1. To withdraw from SHLP I agree to notify the director by contacting in writing (email fine) 30 days prior to withdrawal date. If the space is filled within 30 days, my tuition deposit will be refunded. If the space remains unfilled after the 30 day notification period the June tuition deposit will not be refunded.
2. There will be no refund of the current month's tuition if a child has been enrolled for any part of the month.
3. I understand that the deposit may not be applied to any previous month's tuition, other than June 2023.

I have 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