



Longview Kindergarten Registration Form
Enrolling child must be at least age 5 on or before 08/31/2026
2746 Ocean Beach Highway, Longview, WA 98632
360-270-1348 smartstart-elc-@hotmail.com

Student First & Last Name _____ Birthdate ____/____/____

First Name You Want Child to **Learn to Write & be Called** _____ Male or Female _____

Has this child or another child in the immediate family previously attended Smart Start? Yes No

Are you currently a member of either Exodus or Toutle Christian Fellowship? Yes No

Class Sessions

- **Kindergarten Kick-off Session** (dates and times to be scheduled for each student during the first two weeks of school): students will have the opportunity to acclimate to the kindergarten environment and teacher, and this session will also allow the teacher to individually assess each student.
- **Regular Class Session** (will begin once Kick-Off Session concludes): **8:30 AM – 12:30 PM, M-F (5 days), LONGVIEW Campus**

Mailing Address _____

City _____ State _____ Zip _____

First phone number to call if we need to reach you(_____) _____

Father's Name _____ Cell(_____) _____

Employer _____ Work(_____) _____

Mother's Name _____ Cell(_____) _____

Employer _____ Work(_____) _____

Parents (please circle one): Married Together Divorced Separated N/A

Custodial Parent/Guardian _____ Home Phone _____

If you attend church, please note where. _____

Names and ages of other children in the family: _____

Child tends to be left- or right-handed? _____

Doctor's Name _____ Phone(_____) _____

Emergency Contacts (if parents cannot be reached) **AND** authorized to pick-up your child:

Name _____ Phone(_____)_____

Name _____ Phone(_____)_____

Persons, other than parents/guardians (named on front page), authorized to pick-up your child:

Name _____ Phone(_____)_____

Name _____ Phone(_____)_____

Name _____ Phone(_____)_____

Any medical concerns, allergies, or special needs?

Please list any special skills or hobbies that are of interest to your child.

One of the ways Smart Start ELC communicates with its families is through email. Your email address will not be distributed outside of our center. Please legibly print the address(es) where we may email school information.

Email _____

Referred by or how you found out about us _____

I have read and agree to the terms of Smart Start ELC's Policies (located on website Enrollment page or hardcopy provided upon request).

Parent/Guardian Signature _____ Date _____

I understand that my child's enrollment at Smart Start ELC is not complete and there is no guarantee of my desired class session until the following have been received by the office:

- ☐ Non-refundable registration fee (\$150.00 **new student** or \$100.00 **returning student**)
- ☐ Completed and signed Registration Form (BOTH sides)
- ☐ Completed and signed Parent/Tuition Contract (BOTH sides)
- ☐ Completed and signed Photo Release Form
- ☐ Immunization Checklist and current immunization paperwork

Parent/Guardian Signature _____ Date _____

I will not hold Smart Start Early Learning Center or its staff liable for any accident or injury that may occur while my child is attending school. I hereby authorize Smart Start Early Learning Center to obtain emergency medical care for my child if it is not possible to reach a parent/guardian. I agree to pay such emergency fees if incurred. Furthermore, in the event of a public health emergency, I understand that Smart Start ELC may have to operate under some version of illness restrictions for a period of time, and I agree to abide by any mandates that may have to be in effect.

Parent/Guardian Signature _____ Date _____

Smart Start Early Learning Center: Kindergarten - Parent/Tuition Contract

I _____ understand that I have enrolled my child _____ in a Smart Start Early Learning Center program. I understand that **this is a ten-month program** at a yearly tuition rate of \$4,950.00. This rate includes the required Kindergarten Kick-off Session scheduled prior to the official start of school (dates to be scheduled for each student). Students will have the opportunity to acclimate to the kindergarten environment and teacher, and this session will also allow the teacher to individually assess each student.

Please choose and initial ONE payment option below.

_____ Smart Start ELC will accept **one payment** due August 20, 2026, in the amount of **\$4,870.00**; this pricing includes an \$80.00 discount.

_____ Smart Start ELC will accept **two payments**. The **first** payment is due August 20, 2026, in the amount of **\$2,475.00**. The **second** payment is due January 20, 2027, in the amount of **\$2,435.00**; this pricing includes a \$40.00 discount for the second payment only.

_____ Smart Start ELC will accept **10 equal payments** to be paid by the 20th of each month starting August 2026 and ending May 2027, regardless of the number of days school is in session from September to June: **\$495.00**.

Please read and initial the following statements (continued on the back).

_____ My child's spot in a Smart Start ELC program is reserved once the non-refundable registration fee of \$150.00 (**new student**) or \$100.00 (**returning student**) is paid in full.

_____ If I have more than one child enrolled in a Smart Start program during the same academic year, my account will be credited a discount of \$50.00 per additional child enrolled that will be **deducted from the registration fee only**; this discount does not apply to tuition payments and is the only multiple-child discount available at Smart Start ELC.

_____ Payment is due to Smart Start ELC on or before the 20th of each month based on the payment option chosen.

_____ Payment received after the 27th of the month will incur a \$15.00 late fee and applied to my account.

_____ Payment returned for non-sufficient funds will incur a \$50.00 fee and applied to my account.

_____ If my child is picked up late from his/her Smart Start class, I understand that a \$15.00 late fee will be applied to my account for each incident.

Under certain circumstances, Smart Start Early Learning Center understands that a child may need to be removed from a Smart Start ELC program prior to school starting or during the school year.

_____ **I understand that I am responsible for September's monthly tuition payment and agree to pay it in full (due August 20, 2026) if I choose to remove my enrolled child from Smart Start ELC AFTER August 10, 2026.**

_____ I understand that a 30-day written notice must be given to Smart Start ELC if my child must be withdrawn from Smart Start ELC and understand that I am financially responsible for that period.

_____ **I understand Smart Start can operate its private, nonprofit school because once registered, parents commit to keep their child/children enrolled for the entire school year. Therefore, I agree to give a 60-day written notice of a decision to withdraw my enrolled Smart Start student mid-year for a public Kindergarten program through a local school district (including but not limited to Longview and Kelso), and I understand **I am financially responsible for those 60 days in full, whether or not my child continues to attend Smart Start during that period.****

_____ I understand that this contract is binding, beginning on the date noted with my signature below and is intended for the duration of the 2026-27 school year at Smart Start Early Learning Center.

_____ **First tuition payment of \$_____ for the 2026-27 school year is due August 20, 2026**

Smart Start Early Learning Center can accept payment online and in the forms of cash, check, and through your financial institution's bill-pay service. Please make checks payable to Smart Start ELC. Payment can be left with Smart Start office staff, left in our onsite lock box, or mailed to Smart Start ELC, 2746 Ocean Beach Highway, Longview, WA 98632. However you choose to make your payment, please be sure that your child's first and last name are identified along with the payment so that your account is properly credited.

My signature below indicates that I have read, understand, and agree to the terms of this contract with Smart Start Early Learning Center.

Parent/Guardian Signature

Date

Smart Start Office Staff

Date

Smart Start Early Learning Center

Photo Release Form

Throughout the school year, with parental consent, we take photographs of all children to include in classroom projects and possibly also to include in print publications and online advertising. Please note that a child's name will never be included on advertising publications, though.

Please initial the appropriate spaces below regarding your child and photographs taken by Smart Start ELC.

_____ **I AGREE** to have my child's photo included in the yearly class picture that will be distributed to all who choose to purchase (children will be identified by first name only).

_____ **I AGREE** to have my child's photo taken for class projects, understanding that these photographs will be only for my family and will be sent home only with my child.

_____ **I AGREE** to have my child's photo taken to include in the slideshow at Smart Start's end-of-year program (child may be identified by first name only).

_____ **I AGREE** to grant permission to Smart Start Early Learning Center to post photographs of my child on his/her class Seesaw App. I understand that only Smart Start staff and families enrolled in my child's class have access to this space. I also understand that my child will be identified by first name only.

_____ **I AGREE** to grant permission to Smart Start Early Learning Center to publish photographs of my child on any and all advertising publications. This may include print advertising such as the school's handbook and online advertising, including our website and/or Facebook business page. I understand that Smart Start ELC will never identify a child by name on Facebook or on any other advertising publications.

_____ **I DO NOT AGREE** to have my child's photo taken by Smart Start Early Learning Center under any circumstance.

Parent/Guardian Signature

Date

Printed Name of Student

Date



Immunization Checklist

Please return with registration materials.

School Year: 2026-27

Student's Name: _____

Please check one and attach appropriate paperwork (if applicable)

- ☐ Immunization record attached
- ☐ Current Smart Start student only: on-file and up-to-date; please use for the upcoming school year
- ☐ Will provide updated immunization record at a later date
- ☐ Other (please explain and/or attach)
