

Red Bucket Christian Preschool

PO Box 29, Newberg, OR 97132

(503) 538-3420 redbucketpreschool@gmail.com

REGISTRATION FORM

2022-23 School Year

Thank you for choosing Red Bucket Christian Preschool! Please return this completed form, along with your check for **\$165** for the non-refundable registration fee to our office. Payment via PayPal is available on request. Your child must be of age and toilet trained by September 1.

Please indicate your class preferences in your child's age level:

3's Classes

_____ M/Tu 8:45 to 11:00 am (Elephants)

_____ Th/F 8:45 to 11:00 am (Turtles)

(\$150 per month)

_____ W/Th/F 8:45 to 11:00 am (Giraffes)

(\$200 per month)

4's/Pre-Kindergarten Classes

_____ M-F 9:00 am to 11:45 am (Lions)

(\$330 per month)

_____ M/Tu/W 9:00 to 11:45 am (Pandas)

(\$220 per month)

_____ Th/F 8:30 to 11:30 am (Raccoons)

(\$180 per month)

Child's Name: _____ Birthdate: _____

Age on September 1: _____ Sex: _____ Preferred Name: _____

Parents' Names: _____ Home Phone: _____

Primary Address: _____ Mom's Phone: _____

City, State, Zip: _____ Dad's Phone: _____

e-mail address(es): _____

Siblings and ages: _____

Anything else your teacher should know: _____

Medical information (allergies or any other medical condition we should be aware of): _____

Emergency information: Child's doctor: _____

Address and phone: _____

If child's doctor cannot be reached, do you request associate on call? Yes: _____ No: _____

I give my permission for this child to receive emergency medical care.

Signature: _____ Date: _____

In case of emergency and if parents cannot be reached, please list whom to call first. Please list local numbers for ready access, and only people with whom your child feels comfortable. Your child's application will not be considered complete without this information.

Name: _____ Phone: _____ Relationship: _____

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I agree to comply with the regulations of Red Bucket Christian Preschool as specified in the Preschool Handbook. I also agree to notify the school two weeks in advance of withdrawal or pay the balance of the monthly tuition due.

Date: _____ Signed: _____ (Mother)

Date: _____ Signed: _____ (Father)