



Thank you for choosing First Lutheran Church Preschool. To be enrolled in our preschool, you must return the completed registration form along with a **non-refundable** registration fee of \$75.00. Please make checks payable to FLC Preschool. You may hand deliver this to the church office or mail it to **First Lutheran Church Preschool**

**10207 NE 183rd St.
Bothell, WA. 98011**

An enrollment packet will be sent to you in mid-August. Conferences to meet your teacher will be scheduled at that time.

All children enrolling in our program must be **bathroom independent. No Pull-ups or diapers.**

Age Requirements: In keeping with the August 31st date set by the State of Washington for public schools, we require that children must be 3 or 4 years old before August 31 of the current year to enroll in the 3 or 4 year old program. Children must be 5 years old by December 31 and have prior preschool experience or Director's approval to enroll in the 5 year old program.

School Calendar: We closely observe the same school holidays as Northshore School District, however, we do not start school until mid-September after parent/teacher conferences. School will be closed in observance of the following holidays: Veterans Day, Wednesday, Thursday, Friday of Thanksgiving, NSD Christmas Break, Martin Luther King Jr. Day, President's Day, NSD Mid-Winter Break, Monday after Easter, NSD Spring Break and Memorial Day. We conduct one teacher in-service day per year. School ends the last full week in May. We have allowed for these holidays in your monthly tuition fee.

Curriculum: Our curriculum is age appropriate, theme based, hands on, and fun!

Allergies: If your child has any food allergies, you must provide a **snack each day** for your child. We are unable to manage "touch" allergies.

Immunizations: We must have the State completed immunization forms at your conference time or before your child starts school.



Notice of Nondiscriminatory Policy as to Students:

First Lutheran Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admission policies, scholarship and other school-administered programs.

www.flcbothell.org + 10207 NE 183rd St, Bothell, Washington 98011 + 425-486-2314

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2016 -2017 Registration

For office use only: \$75 Non-refundable - Date Registration Fee Received _____

New enrollment ____ Alumni ____ First Lutheran Member ____
____ Please check here if you DO NOT want your telephone number/address included on a class list provided to parents upon request.

CHILD'S NAME _____ Sex _____ Birthdate _____

Address _____ City _____ Zip _____

Home Phone _____ Email _____

Parent 1
Name _____ Work# _____ Cell# _____

Address (if different) _____ Employer _____

Parent 2
Name _____ Work# _____ Cell# _____

Address (if different) _____ Employer _____

Member of a church? ____ Yes ____ No If yes, name of church _____

Previous preschool experience? ____ Yes ____ No If yes, where? _____

Please check class preference below:

Five year old classes meet Mon, Tues, Wed, Thurs 12:15-2:45pm

Your child must be 5 by December 31, 2016 to enroll in this class and had previous preschool experience or director approval.

4-Day pm _____

Four year old classes meet Monday, Tuesday, Wednesday 9:00-11:30am or
Monday, Tuesday, Wednesday 12:15-2:45pm

Your child must be 4 by August 31, 2016 to enroll in theses classes

3-Day am _____ 3-Day pm _____

Three year old classes meet Thursday, Friday, 9:00-11:00am or 12:00-2:00pm

Your child must be 3 and potty trained by August 31, 2016 to enroll in this class

2-Day am _____ 2-Day pm _____

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CHILD'S PHYSICIAN

Name _____ Phone () _____ Hospital _____
Insurance Provider _____

DAY CARE PROVIDER OR BABYSITTER _____ Phone _____

List below the name and phone numbers of two friends or relatives that we can call in case of an emergency when you cannot be reached: Local numbers only please. (Available during preschool hours with transportation and a valid driver's license)

NAME _____ PHONE _____ CELL _____

NAME _____ PHONE _____ CELL _____

Are there any special health, (allergies, please describe and note school policy) or learning problems we should be aware of? _____ Yes _____ No If yes, please explain

Due to school policy, we are unable to administer any type of injections or medications.

I understand that every effort will be made to contact the parents if
(child's name) _____ needs medical or surgical
treatment however, if it is impossible to do so, I hereby give my permission to the emergency
physician to secure proper treatment for my child.

PARENT/GUARDIAN SIGNATURE _____

Date Signed _____

Publication Release

From time to time throughout the year, we like to take pictures of your children enjoying their preschool day. Some of these pictures are used for craft project and parent/student gifts during the year. We would also like to share these activity pictures on our website and other church publications, such as directories and pamphlets. Please indicate your permission for publication of these images for the school year of 2016-2017 below:

I, _____, parent/guardian of _____ give permission to

First Lutheran Church to publish pictures of said child in publications for the church and or preschool. These pictures will not be used for any commercial purposes. Names will not be published.

Signed _____ Dated _____

Or

I, _____, parent or guardian of _____ do not wish First Lutheran Church to
publish any pictures of said child in publications for the church or preschool.

Signed _____ Dated _____

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FLC Preschool BOTHELL

2016 - 2017 Tuition Policy

Upon enrolling your child in First Lutheran Church Preschool, please be certain that you understand and agree to the following tuition policy.

1. A non-refundable registration fee of \$75.00 is required upon enrollment.
2. Tuition is due the first day of each month. It is to be paid directly to the preschool/church office. Any tuition not received by the 10th of the month will be assessed a \$25.00 late charge. A 30 day delinquency shall constitute grounds for dropping the child from class pending review. A charge of \$25.00 will be made on all NSF (non-sufficient funds) checks.
3. The monthly tuition is an average of all the school days for the entire nine months, September-May. It takes into consideration school holidays, one school in-service day, school closures due to inclement weather and emergencies, and our start and finish dates.
4. Absences or Withdrawal from the program: Tuition must be paid even if your child is absent from class for an extended period of time due to illness or vacations. If your child has to drop from the preschool, you must give two weeks notice to the preschool office to allow for refunds.

Tuition Schedule Registration Fee Non-Refundable \$75.00

Month	2 Day Class	3 Day Class	4 Day Class
September	\$110.00	\$160.00	\$210.00
October	\$110.00	\$160.00	\$210.00
November	\$110.00	\$160.00	\$210.00
December	\$110.00	\$160.00	\$210.00
January	\$110.00	\$160.00	\$210.00
February	\$110.00	\$160.00	\$210.00
March	\$110.00	\$160.00	\$210.00
April	\$110.00	\$160.00	\$210.00
May	\$110.00	\$160.00	\$210.00
Total	\$990.00	\$1440.00	\$1890.00

Please sign here to indicate that you have read the TUITION AGREEMENT.

SIGNATURE _____ DATE _____

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