

Child Information

First Name: _____ M.I. _____ Last Name: _____

Name child prefers to be called: _____ Date of Birth: _____

Child's age: _____ Gender: Male Female

Number of days child will attend: 4 days 3 days 2 days 1 days

Parent/Guardian Information

Mother/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Cell Phone: _____ Home Phone: _____

Work Phone: _____ Custodial Parent (If married, mark both parents)

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian

First Name: _____ M.I. _____ Last Name: _____

Address: _____

Cell Phone: _____ Work Phone: _____

Work Phone: _____ Custodial Parent (If married, mark both parents)

Email: _____ Driver's License #: _____

Marital Status: Married Single Divorced Separated Widowed Other _____

List any existing medical conditions, medication and/or special attention your child may require.

Allergies: _____

Photographs: May we take photos of your child for publication (advertisement, Facebook, etc.)? Yes No

Additional Emergency Contacts & Authorized Pickup Persons:

*Parents will be contacted first in an emergency

Contact/Pickup Name: _____ Phone: _____

Relationship to the Child: _____ [] Able to pick up all the children in the family

Contact/Pickup Name: _____ Phone: _____

Relationship to the Child: _____ [] Able to pick up all the children in the family

Special Instructions if needed: _____

2021-2022 Registration Information:

Non-refundable Registration Fee:	\$50.00	Due with registration form
Supply Fee:	\$25.00	Due by first month enrolled
Full-time Monthly Tuition:	\$330.00	For September start due by July 31 st **

**Non-refundable as of August 15th.

Tuition Payment Information

Checks payable to Arbor Heights Community Church - or- Cash App - \$ArborHeights

Tuitions are due by the 5th of each month. A late fee of \$10 will be added if not received by the 10th. Families are welcome to pay for the year in full.

Financial hardships: Financial Aid is available (up to 50% of tuition).

See Director or (www.arborheights.org/west-seattle-pre-school/) Applications are due by July 31st for Fall start.

Additional Comments & Information:

Is there any other information that would be helpful to our management and teaching staff? _____

Signature:

Parent's Signature: _____ Date: _____