LIGHTHOUSE PRESCHOOL Registration Packet

378-4885 / 425 Spring Street / PO Box 946 / Friday Harbor / Washington

Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Student/Returning Student (circle one)

Class (circle one) 3yr old (*by 8/31)* 4yr old (*by 8/31)*

**Welcome! We are so glad you plan to enroll your child at Lighthouse Preschool. We consider it an honor to be part of your child’s growth.**

To enroll your child in Lighthouse for the school year, please do the following:

* Read the Lighthouse Preschool Handbook and familiarize yourself with our program, procedures, and policies.
* Complete and sign all registration forms. Office Use
  + Enrollment Form \_\_\_\_\_ \_\_\_\_\_
  + Student Information Form (2 pages) \_\_\_\_\_ \_\_\_\_\_
  + Teacher’s Questionnaire \_\_\_\_\_ \_\_\_\_\_
  + Registration Agreement
  + WA State Certificate of Immunization (CIS) ***new enrollees only*** or,

Cert. of Exemption (COE) **required annually** \_\_\_\_\_ \_\_\_\_\_

* Pay all required registration fees.
  + $50 non-refundable Registration Fee \_\_\_\_\_ \_\_\_\_\_
  + Tuition Deposit ( Nonrefundable) \_\_\_\_\_ \_\_\_\_\_\_
    - Your Tuition Deposit is one half of your child’s monthly fee and will constitute your child’s June tuition payment for this school year. To determine the amount for your child’s Tuition Deposit see page 2 Enrollment Form. **Your first full month’s Tuition payment will be due on the first day of school.**
* Return all forms and fees in person to the Friday Harbor Presbyterian Church Administration office at 425 Spring Street. Classes are filled on a first come basis, however the Lighthouse Preschool Board reserves the right to balance the class based on age. **Only fully completed Registration Packets will be accepted**.
* Scholarships are available through The Family Umbrella Group (familyumbrellagroup.org)
* Lighthouse Preschool is open to all children. No child will be discriminated against because of race, creed, or religion. Thank you for your interest in our program. If you have any questions please call 378-4885 (Preschool) or 378-4544 (FH Presbyterian Church) for more information.
* Applications will be processed as they come in, and a confirmation will be emailed within one week.

**For office use only** **Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Received by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**LIGHTHOUSE PRESCHOOL

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ENROLLMENT FORM

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Male / Female

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age as of 08/31 (circle One) 3yr 4yr

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address (if different):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child divides time between two or more homes: YES/NO (circle one)

**Parent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Please mark appropriate class below:** | **CLASS**  (Age, Days, Times) | **Tuition** | **Amount due at registration**  ($50.00 registration fee  plus Tuition Deposit) |
|  |  |  |  |
|  | ***3 years old by 08/31***  Mondays - Thursdays  8:30am – 11:00am | **$280/month** | **$140.00 + $50.00 = $190.00** |
|  | ***4 years old by 08/31***  Monday – Thursday  8:30am –12:30pm | **$300/month** | **$150.00+ $50.00 = $200.00** |
|  | \*This is a combined age group class. The additional 1.5 hours is reserved for Pre-K students who turn 4 years old before 8/31. |  |  |

**I am applying for financial assistance through The Family Umbrella Group. YES NO**

Parent/Guardian Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIGHTHOUSE PRESCHOOL

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STUDENT INFORMATION FORM

**Child’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ “Nickname” \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Parent**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Additional parent information may be attached if needed.)

**Emergency Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relation to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**People authorized to pick up your child at school:**

Name Relationship to Child Phone Number(s)

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Allergies, Health Issues & Restrictions** (i.e. asthma, food/pet allergies, etc…):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LIGHTHOUSE PRESCHOOL – STUDENT INFORMATION FORM (page 2)

**Medical Release:**

**In the event of an emergency, I agree to permit Lighthouse Preschool to secure the attention of a physician for my child. I understand that I or the Emergency Contact person on this form will be notified immediately at the phone numbers that I have provided.**

Child’s Doctor/Medical Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My child has the following known (medical) allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Field Trip Permission:**

**I agree to allow my child to take part in field trips or excursions under proper supervision, including transporting my child for such field trips when deemed necessary. I understand that I will be notified in advance of such trips, although short walks are considered part of the regular program and may not be announced in advance.**

**Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Photography Release:**

**I give my permission for my child to be photographed. Photographs may be displayed at Lighthouse Preschool and/or used for publicity purposes.**

**Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Class Directory**

**I give my permission to include my child’s name and phone number, as well as parent’s name, address, phone and e-mail in a class directory. This directory will only be given to members of your child’s class for the purpose of helping you get to know your child’s classmates.**

**Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Kindergarten Round-up**

**I give my permission to share my child’s name and contact information with San Juan Island school district.**

**Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_**

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TEACHER’S QUESTIONNAIRE

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please take a few moments to tell us about your child. Return this form with your Registration Application.**

1. What are your primary reasons for enrolling your child at Lighthouse Preschool?
2. What do you see as your child’s greatest strengths?
3. What are areas of challenge for your child?
4. What areas or concerns would you like to work on with your child?
5. Has it ever been suggested to you that your child be screened for Vision, Hearing, Speech, developmental delays, or behavioral support? If so, does your child have an IEP?
6. What group activities has your child experienced before coming to Lighthouse Preschool?
7. What group activities does your child now participate in and how often?
8. Are there other children at home? If so, what ages?
9. Is there anything else that you would like the teachers to know?

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**REGISTRATION AGREEMENT**

**I have read the Lighthouse Preschool Handbook and Registration Application and/or have been informed of the following policies of Lighthouse Preschool:**

1. **I agree** to pay all registration fees and complete all registration forms in full in order to secure my child’s enrollment in Lighthouse Preschool.
2. **I understand** that my Tuition Deposit is equal to one half of my child’s monthly fee. I understand that this Tuition Deposit check will be deposited upon receipt. I understand that this Tuition Deposit will constitute my child’s June tuition payment. **The tuition deposit is nonrefundable.**
3. **I understand** that my child’s first full month’s Tuition payment will be due on the first day of class. Tuition is calculated and divided on a nine month basis, therefore each month from September – May will be charged a full month’s tuition.
4. **I understand** that all payments must be made by check or money order. Cash may NOT be used to pay tuition. Lighthouse Preschool does not invoice, therefore it is my responsibility to make payment promptly.
5. **I agree** to promptly make payment of the full tuition fee each month. A $10.00 fee will be charged on all payments received after the 15th of each month. There will be a $15.00 fee on all NSF checks. Delinquent payment may result in my child’s dismissal from Lighthouse Preschool. There are no refunds for personal vacation days, sick days, or school cancellations due to inclement weather.
6. **I agree** to give Lighthouse Preschool two weeks’ notice and complete a **Withdrawal Notice Form** (available from school) if choosing to withdraw my child from Lighthouse Preschool. I will pay the full month’s tuition if my child is withdrawn without this notice.
7. **I agree** to pay a $10.00 Late Fee if I am late to pick my child up from Lighthouse Preschool.
8. **I agree** to keep my child home if they are not well, as described in the **Health** section of the Lighthouse Preschool Handbook. I will keep them home until ***they are symptom free for 24 hours***.
9. **I agree** to follow the policies, guidelines, and rules of Lighthouse Preschool.
10. **I am applying for a Family Umbrella Group Scholarship. Yes No**

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_**

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**All Students must have a Washington State Certificate of Immunization (CIS) or Certificate of Exemption (COE) on file with Lighthouse Preschool in order to enroll.**

**These forms can be obtained from:**

1. **San Juan County Health Department-**

145 Rhone St.

Friday Harbor, WA. 98250

(360)378-4474

1. **Your child’s primary health care provider-**

This needs to be the Washington State CIS or COE form, not your providers. Your provider can access this and print it for you

1. **Online-**

San Juan County Health Department can help you access your child’s records.

**Certificate of Exemptions must be filled out and signed by your health care provider**. **This form must be valid for the full school year (September through June) and will need to be resubmitted yearly.**