ELK PLAIN CHRISTIAN
Preschool and Kindergarten
A MINISTRY OF ELK PLAIN COMMUNITY CHURCH
CARING FOR THE MIND AND HEART

4115 224th Street East   Spanaway, WA 98387   253-847-2508   www.elkplain.org

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Pre-K Teacher: Janel Moon – M, T & Th 8:55 -11:55am / 12:30pm - 3:30pm

Pre-K Registration Form – 4-year-old classes

Tuition is $1,850 per year divided into 10 monthly payments of $185. Please see the table below for payment due dates. A child must be 4 years old by August 31st of the year they are enrolling in preschool. They must be potty trained.

	Payment Due Date
September	Bring to Orientation
October	September 25
November	October 25
December	November 25
January	December 25
February	January 25
March	February 25
April	March 25
May	April 25
June	May 25

Please complete this form (both sides) and bring to our registration day along with a $175.00 non-refundable registration fee. We accept cash or check. Checks should be made out to *Elk Plain Community Church* with a note on the memo line indicating **Pre-K Registration**. If registering after registration day, please return to the following mailing address:

Elk Plain Community Church
4115 224th Street East
Spanaway, WA 98387

Date: _____

Please Print: Class preference: AM / PM

Child's Name _____

Child's name to be used in school (if different from above) _____

(   )Male   (   )Female   Birth date _____ Age _____

Mailing Address (including city & zip) _____

_____

Phone # during preschool _____ Email _____

Name & Location of physician _____ Phone _____

Please mention any special medical conditions (e.g. allergies, penicillin, etc.):

_____

_____

Names and ages of brothers and sisters:

_____ _____   _____ _____

_____ _____   _____ _____

Parents: Marital Status: (   ) Married   (   ) Single   (   ) Divorced

Mother's Name_____

Phone # during preschool_____ Phone # evenings_____

Place of employment (if applicable)_____

Father's Name_____

Phone # during preschool_____ Phone # evenings_____

Place of employment (if applicable)_____

Relatives or friends/neighbors to contact in case you cannot be reached:

1. _____   Phone #_____

Relationship_____

2. _____   Phone #_____

Relationship_____

Has your child had any preschool experience? _____ (If yes, where?)_____

Do you attend a church?_____ (If yes, where?)_____

How did you learn about our preschool?_____

What would you like your child to gain from their preschool experience? _____

_____

_____

_____

- -

(For Teacher to Complete)

_____ AM Class

_____ PM Class   Deposit Paid $ _____   Date_____   Cash/Check # _____