

Office Use Only		
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Deposit Rec'd	<input type="checkbox"/>	
Email Confirm half	<input type="checkbox"/>	
Summer Letter	<input type="checkbox"/>	

Timberview ELC

15511 N Howe Rd, Mead Wa 99021
 509-468-4363
TimberviewELC@gmail.com

Registration fee is \$45, before May 1st and \$65 after May 1st. It is nonrefundable.

Please submit payment when returning this form. Your completed registration form and payment is required to hold your place in a class.

Today's Date: _____

My child is registering for ELC: M/W/F AM__M/W/F PM__

Child's Name _____

Date of Birth_____ Age_____

Primary Home Address _____

City_____ State _____ Zip_____

Primary Phone_____

EMERGENCY CONTACT **DURING CLASS TIME** NAME/PHONE _____

Mother's Name _____ Phone _____

Address_____

Email _____

Employer/Occupation_____ Work phone_____

Father's Name _____ Phone_____

Address_____

Email _____

Employer/Occupation_____ Work Phone_____

Informational/newsletters sent to mom/dad/or both_____

Legal Guardian's Address _____

Email _____ Occupation_____

Home Phone _____ Cell Phone_____

Sibling Name _____ Age_____

Sibling Name _____ Age_____

Sibling Name _____ Age_____

Other than those listed above, please list anyone who has permission to pick your child up from preschool.

Name/Relationship to child _____ Phone_____

Name/Relationship to child _____ Phone_____

Child's Doctor _____

Phone _____

Date of child's last visit: _____

Does your child have any allergies?

Does your child have any specific health problems or significant health history that the preschool should be aware of?

Please tell us how you heard of Timberview ELC?

What church, if any, do you consider your home church?

Are you on Facebook? Y___ N ___ If yes, please like our Facebook page -Timberview ELC.

I hereby attest that I am entitled to legal custody and possession of the above named child and accordingly am authorized to place them in the care and custody of the Preschool and am further authorized to sign this Registration form.

I understand that they are to be signed IN and OUT by myself or a designated person each day they are in attendance at Timberview ELC.

I hereby give permission that my child may be given EMERGENCY TREATMENT to include first aid and CPR by a qualified child care employee. I further authorize and consent to medical, dental, surgical, hospital care, treatment, and procedures to be performed by my child's listed doctor. If the doctor cannot be reached, I give my consent for a licensed physician to safeguard my child's health and administer any necessary medical treatment. I waive my right of informed consent to such treatment in the event that I cannot be reached. I give my permission for my child to be transported by ambulance or personal vehicle to an emergency center for treatment.

Parent/Legal Guardian Signature

Date

Timberview ELC

Photo / Video Permission

I give my permission for the staff at Timberview Church to video and take photographs of my child for use within the Preschool ELC and Church Children's Ministry. I understand that my child's photo may be published on the Timberview ELC Facebook page and/or on the Church and Preschool website: Timberview.Church

I GIVE permission for my child's photo/image to be published on the Preschool Facebook page and / or the Church and Preschool webpage.

I DO NOT GIVE permission for a photo / image of that includes my child to be published on the Pre-school Facebook page and / or on the Church and Preschool webpage.

Signature

Date

Timberview ELC

Payment Policy

Registration Fee is \$45 before May 1st or \$65 after May 1st per child. Registration fee is due when enrollment forms are submitted and the fee is required to hold a spot for your child in a class. Tuition can be paid monthly, due on the 1st of each month for the upcoming month. Tuition can also be paid on a year basis as listed on the Financial Information sheet in your packet. A \$15 late fee will be added on the 5th if payment has not been received . If an account becomes 60 days overdue your child is at risk for not being accepted back to the center until your account balance and all fees have been paid in full. Since tuition is based on the school year, no reductions are given for holidays, vacations, or non-school days. If a child is withdrawn during the year, a refund for unused, whole months may be given. PLEASE note that a full month notification MUST be given if your child will not be finishing the school year. Any accounts without notification will be billed for a final month of tuition. If you need assistance with your tuition, due to unforeseen hardship circumstances, please let us know so we can work with you.

Monthly Tuition	Mon/Wed/Fri	9am-11:30am	\$225
Monthly Tuition	Mon/Wed/Fri	12:15pm-2:45pm	\$225
Full Payment by 9/1	Mon/Wed/Fri	9am-11:30am	\$1822.50
Full Payment by 9/1	Mon/Wed/Fri	12:15pm-2:45pm	\$1822.50

Parent Signature

Date
