



GRACE LUTHERAN CHURCH PRESCHOOL 2021-2022

22975 24th Avenue South - Des Moines, WA 98198 - 206-878-5048

Grace Lutheran Church Preschool is a non-profit private Christian school. Our goal is to offer young children a Christian environment in which to grow, learn, and develop spiritually, physically, academically, and socially. Classes are small with a teacher and aide in each class. The classes offered are as follows:

EARLY BIRD price saves you \$180 for the year in every class!

2 Year Olds - Two Days

For children age 2 by August 31st, 2021

2 hours 9:00 - 11:00 am T-Th \$130 per month or \$1170 per year

As a classroom environment is not conducive to diaper changing, we expect that a parent will change his or her child immediately before class begins. Please have your child wear pull-ups rather than diapers. We work on potty-training at school during this two-year old class.

Register by May 30, 2021
\$110 per month
or \$990 per year

3 Year Olds

For children age 3 by August 31st, 2021

3 hours 9:00 - 12:00 noon M-W-F \$205 per month or \$1845 per year

2.5 hours 12:30 - 3:00 PM M-W-F \$175 per month or \$1575 per year

Register by May 30, 2021
\$185 per month
or \$1665 per year

Pre-Kindergarten Options:

For children ages 4-5; child must be 4 by August 31st, 2021

Child will be eligible for Kindergarten in one year

3-Day PK AM

3 hours 9:00 - 12:00 noon M-W-F \$235 per month or \$2115 per year

Register by May 30, 2021
\$215 per month
or \$1935 per year

5-Day - KINDERGARTEN JUMPSTART

4 hours 9:00 am - 1:00 pm M-T-W-Th-F
\$415 per month or \$3,735 per year

Register by May 30, 2021
\$395 per month
or \$3555 per year

KINDERGARTEN JUMPSTART Choice Days

4 Days 9:00 am - 1:00 pm M-T-W-Th-F \$365 per month or \$3,285 per year
(Please circle your choice of days)

Register by May 30, 2021
\$345 per month
or \$3105 per year

3 Days 9:00 am - 1:00 pm M-T-W-Th-F \$305 per month or \$2,745 per year
(Please circle your choice of days)

Register by May 30, 2021
\$285 per month
or \$2565 per year

EARLY BIRD DROP-OFF

We know that many families have conflicting drop-off times with other children's school schedules, so we offer an Early Bird Drop-Off option that may be helpful to you. Please inform us if you will need this option for your child's school days so that we can staff accordingly. The price for this option is \$5 per day for drop off @ 8:30 am (school begins @ 9:00 am)

LUNCH BUNCH AND EXTENDED DAY OPTIONS

We will not be offering Lunch Bunch or Extended Day options to begin the school year in September 2021, but will revisit these options as the year progresses.

A \$175.00 non-refundable and non-transferable registration/supply and playground fee/emergency fund fee for Preschool is due at the time of registration.

First month's non-refundable and non-transferable tuition is due by May 30, and the last month's tuition is due by the **first day of class in September**. The last month's prepaid tuition fee is refundable by Grace Lutheran Church Preschool if 30 days' notice is given prior to a student leaving school before the school year is complete. The yearly tuition may be paid monthly or in one installment. **Tuition is due even if there is an absence due to illness, vacation, or weather-related school closures.**

Parents receive opening day information in the mail during the month of August.

We are very conscientious about our commitment to student, staff and family health and safety, especially in light of the Covid-19 pandemic. Although we cannot know for sure what health guidelines will be in place in September, we expect that the wearing of masks will continue for students, staff and family members who drop off and pick up children.

Please work with your child to make sure he/she is comfortable wearing a mask for the time he/she is in class.

We will continue to monitor the health government guidelines and keep everyone updated.

**GRACE LUTHERAN CHURCH PRESCHOOL
REGISTRATION FORM**

Class and time _____

1. Pupil's Name _____

Date of Birth: Month _____ Day _____ Year _____ Male ___ Female ___

Phone _____ What name should your child use in school _____

Home Address _____ City _____ Zip _____

Has child attended school before? Where _____ When _____

2. Parent/Guardian 1 _____ Occupation _____

Phone _____ Email _____

Parent/Guardian 2 _____ Occupation _____

Phone _____ Email _____

3. With whom does the child live?

Mother _____ Father _____ Guardian _____

4. How many children are in the family? _____

List other children below:

Name _____ Age _____ Male ___ Female ___

Name _____ Age _____ Male ___ Female ___

Name _____ Age _____ Male ___ Female ___

6. Religious preference _____ Church Affiliation _____

7. Where did you hear about Grace Lutheran Church Preschool?

8. Is there anything relative to the child's mental, emotion, or physical health that the teacher should know?
Please include allergies here, if your child has them.

9. Is the child receiving medicine for a chronic condition? _____
If so, what? _____

(If the child receives medication of a temporary nature that might affect his/her behavior: i.e. restlessness, talkative, sleepy, lethargic; the teacher should be informed.)

10. It is necessary that we have the name of two local friends or relatives that we can call in case of an emergency.

Name _____ Phone _____ Relation _____

Name _____ Phone _____ Relation _____

11. Family Physician _____ Phone _____

12. What language is primarily spoken at home? _____

We are always looking for willing helpers for our school. Would you be interested in volunteering some time to help in any of the following areas?

_____ Room person: Assist on special days; telephone contact with parents

_____ Computer type notices, newsletters, etc.

_____ Volunteer classroom aide to fill in on an emergency basis.

_____ Help with cooking projects.

_____ Telephone person for emergency calling.

_____ Woodworking or repair work: Assist in making or repairing things within the classroom.

_____ Special skills of mother, father or family member:

Photography/Images Use Policy

I/We hereby authorize Grace Lutheran Church Preschool (The School) to utilize my child's photographic image in marketing and advertising efforts of The School, including but not limited to, newsletters, advertisements, brochures delivered to the public, and the www.gotgrace.com website.

Child's Name: _____

Parent Signature

Date

EMERGENCY CONTACTS: Names of two persons (relatives, friends or neighbors) living in the local area who may be called in the event of an emergency and the parents cannot be reached.

Name: _____ Phone: _____ Cell: _____

Relationship to child: _____

Name: _____ Phone: _____ Cell: _____

Relationship to child: _____

Name of childcare provider (if applicable): _____ Phone: _____

AUTHORIZED PERSONS: Names of persons allowed to pick up your child from school:

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

Name: _____ Phone: _____ Cell: _____

(if more space is needed, please attach list to this form)

*** Written notification by parent or guardian **MUST** be given in the event that someone other than persons listed above will be picking up the child.

EMERGENCY TREATMENT CONSENT: I give permission for the staff in charge to seek emergency first aid/medical treatment if necessary.

Signature of Parent or Guardian _____ Date: _____

DISCLAIMER STATEMENT: For in school purposes as well as for field trips please complete below:
Grace Lutheran Church Preschool and Grace Lutheran Church are not responsible for damages caused by accidental injury or illness, while participating in activities associated with Grace Lutheran Church Preschool.

Signature of Parent or Guardian _____ Date: _____

ADDITIONAL INFORMATION: Please list any family situations that will assist us in relating to your child ie: New baby, divorce, marriage, death in family, recent move, etc...

*** PLEASE UPDATE THIS INFORMATION AS NECESSARY ***

Grace Lutheran Church School Preschool

Registration Procedure

1. Return completed registration form, immunization form, and emergency form with \$175.00 registration fee at time of registration.
2. Pay first month's tuition by May 30.
(NOTE: If registering after May 30, the first months tuition is also due at time of registration)
3. Pay last month's tuition by the **first day of class in September.**

The registration fee and first month's tuition are **both non-refundable and non-transferable fees.** The last month's prepaid tuition fee is refundable if Grace Lutheran Church Preschool is given **30 days notice** in case a student must leave the school before the school year is complete.

I understand the registration procedure outlined above must be followed to secure my child's placement for fall enrollment.

Signature _____ Date _____

Student's name _____

(please print)

Class enrolled in _____

M - T - W - TH - F (please circle class days)

For office use only:

Registration fee amount _____ Check number _____

First month's tuition _____ Check number _____

Emergency form received _____



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (mm/dd/yyyy):** _____ **Sex:** _____

Symbols below:
◆ Required for School and Child Care/Preschool
● Required for Child Care/Preschool Only
■ Recommended, but not required

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ Date _____

Parent/Guardian Signature Required _____ Date _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Office Use Only:
Reviewed by: _____ Date: _____
Signed Cert. of Exemption on file? Yes No

Vaccine	Dose	Date		
		Month	Day	Year

◆ Hepatitis B (Hep B)

1				
2				
3				

or Hep B - 2 dose alternate schedule for teens

1				
2				

■ Rotavirus (RV1, RV5)

1				
2				
3				

◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)

1				
2				
3				
4				
5				

◆ Tetanus, Diphtheria, Pertussis (Tdap)

1				
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■ Tetanus, Diphtheria (Td)

1				
2				

● Haemophilus influenzae type b (Hib)

1				
2				
3				
4				

■ Influenza (Flu, most recent)

Vaccine	Dose	Date		
		Month	Day	Year

● Pneumococcal (PCV, PPSV)

1				
2				
3				
4				
5				

◆ Polio (IPV, OPV)

1				
2				
3				
4				

◆ Measles, Mumps, Rubella (MMR)

1				
2				

◆ Varicella (chickenpox)

1				
2				

■ Hepatitis A (Hep A)

1				
2				

■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand

1				
2				
3				

■ Meningococcal (MCV, MPSV)

1				
2				

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.

1) Chickenpox disease verified by printout from the Immunization Information System (IIS)

2) Chickenpox disease verified by healthcare provider (HCP)

If you choose this box, mark 2A OR 2B below:
2A) Signed note from HCP attached OR
2B) HCP sign here and print name below:

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name: _____

3) Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.

Signed lab report(s) MUST also be attached.

- | | | |
|--------------------------------------|------------------------------------|---------------------------------------|
| <input type="checkbox"/> Diphtheria | <input type="checkbox"/> Mumps | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Polio | |
| <input type="checkbox"/> Hepatitis B | <input type="checkbox"/> Rubella | |
| <input type="checkbox"/> Hib | <input type="checkbox"/> Tetanus | |
| <input type="checkbox"/> Measles | <input type="checkbox"/> Varicella | |

Licensed healthcare provider signature _____ Date _____
(MD, DO, ND, PA, ARNP)

Printed Name: _____