



Christian Pre-school
500 SE Everett Rd, Camas, WA 98607



Registration Form 2018-2019

Child's Name: _____ Age as of August 31, 2018: _____

Parent: _____ Phone #: _____

Email: _____
***We will email registration confirmation & back to school night information*

<u>Class Desired:</u>	<u>Days:</u>	<u>Time:</u>	<u>Tuition:</u>
<input type="checkbox"/> Three's Class	Tuesday, Thursday	9:00 am – 11:45 am	\$160/month
<input type="checkbox"/> Four's Class	Monday, Wednesday, Friday	9:00 am – 11:45 am	\$190/month
<input type="checkbox"/> <i>I am interested in an afternoon class, if available (based on enrollment needs)</i>			

Registration Fee: \$85 per child

This *non-refundable* fee will hold a place in the class for your child. Please include a check, cash or pay online with your child's Registration Form. **Checks can be made out to DoodleBug Christian Preschool.** Please note your child's name in the memo line.

How did you hear about DoodleBug Christian Preschool?

- Referred by _____ Other: _____
- NorthLake Church Drive by Web Camas Days Cam Town

Questions?

Call: 360.834.2291x105
Fax: 360.834.9226

Email: DoodleBug@NLCCamas.org
Web: www.DoodleBugPreschool.org

Office Use:

- Registration fee: \$85 Date: _____ Ck# _____ / cash / online
- Parent Handbook Back to school letter School Calendar
- Fall Spring Other start date: _____

DOODLEBUG

Christian Pre-school

Date: _____

Child's Name: _____
Last First Middle Nick name

Age (as of 8/31): _____ Date of Birth: _____ / _____ / _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Email address: _____

**We communicate regularly by email. Please list the best email to reach you.* I DO NOT USE EMAIL

Father's Name: _____ Occupation: _____

Cell Phone #: _____ Employer: _____

Work Phone #: _____

Mother's Name: _____ Occupation: _____

Cell Phone #: _____ Employer: _____

Work Phone #: _____

Child primarily lives with: both parents mother father guardian other: _____

Emergency contact in case parent(s) cannot be reached:

Name: _____ Phone #: _____

Relationship to student: _____

Name: _____ Phone #: _____

Relationship to student: _____

Persons Authorized to pick-up child from school: (other than parents listed above)

Name: _____ Name: _____

Name: _____ Name: _____

Name: _____ Name: _____

Child's Health Information

Does your child have any allergies or specific health issues which staff should be aware? _____

About Your Child

Is your child: shy sensitive talkative outgoing other: _____

Child's favorite toy/activity: _____

Child's favorite food: _____ Least favorite food: _____

Any fears or traumatic experiences staff should be aware of? _____

Did your child attend pre-school last year? If so, where? _____

Any other information staff should know about your child to make their pre-school experience excellent?

Parental Commitment: *Please initial each line*

_____ I understand that a \$75 registration fee is due at registration to hold a place for my child, and that it is non-refundable, even if my child does not attend.

_____ I agree to be personally liable for the timely payment of all school fees and tuition. **I understand that tuition is due by the first of the month, and that a late fee will apply after the 3rd of the month, unless other arrangements are made.**

_____ I understand that tuition is to be paid online via the DoodleBug webpage. In class payments will NOT be accepted.

_____ I understand that tuition is based on 9 months, and that no refunds or adjustments on monthly tuition will be made because of school holidays, family vacations, early withdrawal, illness, weather, etc. Tuition is required for September thru May.

_____ I agree to allow my child's picture to be used for advertising purposes in printed/ electronic media.

_____ I understand & agree to abide by the terms and conditions set forth in the parent handbook.

Parent/Guardian Signature

Date

DOODLEBUGS

Parent Involvement

Dads, Moms, Grandmas, Grandpas....All are invited to sign up to volunteer! We appreciate your help and support!

Parent's Name: _____

Phone # _____

Child's Name: _____

Class: _____

I would like to assist in the classroom:

I would be willing to drive children on field trips.

My vehicle can hold _____ car seats.

Days/Times that are best for me:

I would like to assist with party preparations for holidays and special events.

I would like to organize parties for the class.

I would like to put together projects for the teacher in my home.

Please list any talents, skills, hobbies, collections, occupations, etc that you would like to share with the children:

Thanks for your support and involvement!