



6015 Summitview Ave • Yakima, WA 98908  
Phone: 966-1900 Fax: 965-1813

## Registration Information

It's time to sign up for Fall 2026 classes! If you have questions regarding our program or need help choosing the best fit for your child, please contact Megan Jevne, Director at 966-1900 or [megan@yakimacovenant.org](mailto:megan@yakimacovenant.org).

### Enrollment Dates

Early Registration for Enrolled Families  
Open Enrollment

January 27th  
February 3rd

### Registration Fees

#### Registration Fee

\$175

The Registration fee holds your child's spot in class, covers classroom supplies and is non-refundable.

### Eligibility to attend Wonderland

- For the **Orange** and **Green** class, preschoolers must be at least 3 years old by August 31, 2026.
- For the **Purple**, **Blue**, and **Red** class plus Fantastic Friday preschoolers must be 4 years old by August 31, 2026.
- Preschoolers must be current on their immunizations. Exemption forms are available upon request.
- Must be fully toilet-trained. This means that the child can care for all toileting needs on his/her own including: recognizing the urge to go, undressing/dressing self, wiping and hand-washing, without the use of a pull-up.

Wonderland is open to all children regardless of race, religion, color or national origin. Wonderland is not equipped to handle children with extreme emotional, visual, speech, hearing or other severe learning disabilities. These will be handled by the Director, the parents and the teachers, on a case-by-case basis.

### Class Descriptions & Tuition

<u>Orange Class</u> (A first preschool experience)	T/Th	9:00am -12:00 pm	\$185/mo
<u>Green Class</u> (A first class for 3 & 4 year olds)	M/W/F	9:00am -12:00 pm	\$230/mo
Pre-Kinder classes are preparation for preschoolers who will attend Kindergarten the following year.			
<u>Purple Class</u>	T/W/Th	9:00am -12:00 pm	\$275/mo
<u>Blue Class</u>	M/T/W/Th	9:00am -12:00 pm	\$310/mo
<u>Red Class</u>	M/T/W/Th	9:00 am-12:00 pm	\$310/mo
<u>Fantastic Friday</u> (PK students)	Fridays	9:00am -12:00 pm	\$80/mo

### 2026-2027 School Start and End Dates

Orange Class (2-day 3s)	<u>Start Date:</u> Tues. Sept. 8, 2026	<u>End Date:</u> Tues. June 1, 2027
Green Class (3-day 3/4s)	<u>Start Date:</u> Wed. Sept. 9, 2026	<u>End Date:</u> Wed. June 2, 2027
Purple Class (3-day PK)	<u>Start Date:</u> Tues. Sept. 8, 2026	<u>End Date:</u> Wed. June 2, 2027
Blue Class (4-day PK)	<u>Start Date:</u> Tues. Sept. 8, 2026	<u>End Date:</u> Thurs. June 3, 2027
Red Class (4-day PK)	<u>Start Date:</u> Wed. Sept. 9, 2026	<u>End Date:</u> Thurs. June 3, 2027
Fantastic Friday	<u>Start Date:</u> Fri. Sept. 11, 2026	<u>End Date:</u> Fri. May 28, 2027

Wonderland generally follows the same holiday schedule as the West Valley School District. Some early release days and professional days taken by the WVSD will not be observed. A school calendar will be given to all parents at Orientation.

## Tuition Policy

Wonderland's annual tuition is divided into nine monthly payments. Tuition is due by the 10<sup>th</sup> of each month from August through April. All balances must be paid in full by April 10<sup>th</sup>. Tuition pays for our teachers' salaries and classroom supplies, refunds are not made for vacations, out-of-town trips or illnesses. An annual non-refundable registration fee is required to reserve your child's spot in our program. The first tuition payment, due August 10<sup>th</sup>, is also non-refundable. Charges for Lunch Bunch and Elective Classes will be added to the following month's tuition statement.

### Making Payments

#### Cash/Check Procedures:

- Payments may be made by cash or check in the church office during business hours, Monday–Thursday 9am–3pm.
- When making a cash payment, please try to have correct change as limited petty cash is kept on-site.
- Please do not give cash or checks to your child's teacher.
- Personal checks should be made payable to: YCC Preschool. Please include the child's name and class in the memo line.
- Checks may be placed in the drop box next to the office door.

#### Online Procedures:

- One time or recurring payments may be made by debit or credit card online using the QR code to the right:



### Late Payment

It is Wonderland's desire that every child receives the benefit of a Christian early learning education. To this end, we strive to keep tuition rates as low as possible. We rely on timely payments to keep the preschool operating smoothly. We understand that there are times when families encounter financial difficulties. Scholarship funds are available and parents can request a meeting with the Director at any time to discuss their financial needs. The last thing we want to see is financial hardship preventing a child from participating in our preschool.

Regular tuition payments are due by the 10<sup>th</sup> of the month from August to April. You may arrange a different due date by submitting a request to the Director. If a family has not paid their monthly tuition by the due date, the Director will contact the family to remind them of the payment and a \$10 late fee may be assigned to the account.

If payment is not received by the 10<sup>th</sup> of the following month, the following steps will be taken:

1. The Director will reach out to the family to discuss payment options. A payment agreement will be arranged.
2. If a payment based on the above agreement is not made, the child will no longer be able to attend class until payment in full has been received.
3. If payment in full has not been made 30 days after the completion of the school year, the Director will present the account to the Preschool Support Team for resolution, which may include the use of an outside collection agency. Any family with a tuition balance left unpaid will be ineligible to return to Wonderland for the following school year. The Director will contact the family to remind them of the balance due.

### Returned Checks

A service fee of \$25 will be assessed for all returned checks. A tuition late fee will also be applied unless payment is made within one week. If Wonderland receives two returned checks, your tuition must be paid by cash or certified check.

### Withdrawal Policy

If a child withdraws during the school year, the Director must be notified in writing 30 days prior to the student's last day in order to be eligible for any tuition refund. If 30 day notice is not given, the tuition responsibility remains in effect until the 30 day period is completed. The Director may grant a release from this obligation due to unexpected circumstances if a signed letter stating the reasons is submitted.

# Student Contact Information

Paperwork is due at the time of registration, with the exception of Immunization Records and Medical Forms which are due by August 1st.

## Preschooler's Information:

Please attach a current photo of your child here.

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Goes by \_\_\_\_\_

Birth Date \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Sex M F

Code Word\*: \_\_\_\_\_

(\*You must provide this word to any adult who may be picking up your preschooler. Teachers will not release students to an adult who does not know the code without written consent and proof of identification. The word should be easy for you & your family members to remember. Examples might be your preschooler's favorite cartoon character, food, nickname or pet's name.)

## Class Desired:

\_\_\_ Orange Class/2-day 3s/4s

\_\_\_ Green Class/3-Day 3s/4s

\_\_\_ Purple Class/3-Day PK

\_\_\_ Blue Class/4-Day PK

\_\_\_ Red Class/4-Day PK

\_\_\_ Add Fantastic Friday (PK Only)

## Mother's Information:

Last name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

## Father's Information:

Last name \_\_\_\_\_ First \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_ Email Address: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

## Emergency Contact

This person is authorized to pick-up your child from school and make medical decisions if parents cannot be reached.

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship \_\_\_\_\_

## Other Adult Pick-Up

These adults are also authorized to pick-up my child from school. Please do not include parents or the Emergency Contact in this section.

Parents and the Emergency Contact automatically have permission to pick up your child, unless there is a different custody arrangement and the Director is notified in writing.

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone (H) \_\_\_\_\_ (C) \_\_\_\_\_ Relationship \_\_\_\_\_

# Child Personality & Developmental Profile

My Siblings' Names and Ages are: \_\_\_\_\_

My Family Pets are: \_\_\_\_\_ My Favorite Toy or Game Is: \_\_\_\_\_

My Favorite Color is: \_\_\_\_\_ I use my RIGHT/LEFT (please circle one) hand the most.

At my house, we speak these languages: \_\_\_\_\_

My Previous School Experience is: \_\_\_\_\_ My family's church is: \_\_\_\_\_

At what age did your preschooler:

Say his/her first word: \_\_\_\_\_ Walk: \_\_\_\_\_ Learn to use the potty: \_\_\_\_\_ Speak in sentences of 3+ words: \_\_\_\_\_

Do you have any concerns about your child's ability to:

\_\_\_\_\_ Speak clearly/be understood by people who are not members of your family?

\_\_\_\_\_ Separate from you? \_\_\_\_\_ Interact with other children? \_\_\_\_\_ Control his/her behavior/emotions?

\_\_\_\_\_ Use crayons, pencils & scissors correctly? \_\_\_\_\_ Manipulate small objects appropriately?

\_\_\_\_\_ Walk, run, jump or use large motor skills like other children his/her age?

**\*Has your child been diagnosed or receive services for:**

\_\_\_\_\_ Speech \_\_\_\_\_ Behavior \_\_\_\_\_ Hearing

\_\_\_\_\_ A Developmental Disorder (Autism Spectrum...) \_\_\_\_\_ A Behavioral Disorder (ADD, ADHD...)

**\*Please notify the Director if your child receives services or has an IEP with another educational facility.**

## Developmental Concerns

We want to help your child succeed in preschool and ultimately in life. Entering kindergarten is a huge milestone and many children are ready to do so at the age of five, while some are not. School success depends on a variety of factors which include not only academics, but also social, emotional and developmental readiness.

Parents are a child's first teachers and often times wonder whether or not certain behaviors and characteristics are age-appropriate or "normal". If you have any concerns about your child's health, speech, hearing, fine or gross motor development, ability to control his/her emotions or behavior, please let us know. The more information we have, the better able we are to provide a quality learning environment for your little one.

Everyone says my personality is: \_\_\_\_\_

\_\_\_\_\_

What are your child's strengths: \_\_\_\_\_

\_\_\_\_\_

What is an area you would like to see your child grow: \_\_\_\_\_

\_\_\_\_\_

Is there anything that would be beneficial for our teachers and staff to know to best serve your child and family:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Consent Form

Name of Child: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Name of Parent(s)/Guardian(s): \_\_\_\_\_

## Consent to Participate and Seek Treatment:

The undersigned parent(s)/guardian(s) do(es) hereby give permission for the child to participate in all activities of Wonderland Preschool for the 2026–2027 school year including, but not limited to: use of playground equipment both inside and out, all classroom activities and evaluations connected with the preschool program.

Initial: \_\_\_\_\_

The undersigned further give(s) permission for any school or church staff member to take any steps deemed necessary by that person to obtain emergency medical care for the child including, but not limited to the following steps:

- Attempt to contact a parent(s)/guardian(s), attempt to contact the child's physician and/or attempt to contact a parent(s)/guardian(s) through persons listed on the emergency information form.
- If contact cannot be made by the aforementioned steps, then any/or all of the following steps may be taken:  
Calling another physician, an ambulance or having the child taken to a hospital emergency room in the company of a staff member.

The parent(s)/guardian(s) agree(s) to pay all expenses incurred as a result of the school or church invoking the foregoing emergency steps. Parent(s)/guardian(s) further agree(s) that the preschool and church will not be responsible for any results of false information given about the child at the time of enrollment.

Initial: \_\_\_\_\_

## Tuition Payment Acknowledgement:

I have received, read and agree to the tuition policy given to me with this registration packet.

Initial: \_\_\_\_\_

## Photo Consent

Please initial one of the following photo consent options:

Initial: \_\_\_\_ I/We, the undersigned parent(s)/guardian(s), do give permission for the use of photos of our child to be used in advertising for Wonderland Preschool. This may include but not limited to brochures, community publications, newspapers, the Yakima Covenant Church website and the Wonderland Facebook page. I/We understand that our child's name will not be used and no personal information provided unless we specifically authorize such release.

Initial: \_\_\_\_ I/We, the undersigned parent(s)/guardian(s) do give permission for the use of photos of our child to be used in advertising for Wonderland Preschool, but do not wish for photos to be posted on the Wonderland Facebook page. I/We understand that our child's name will not be used and no personal information provided unless we specially authorize such release.

Initial: \_\_\_\_ I/We, the undersigned parent(s)/guardian(s) do not wish for photos of our child to be used for any purpose.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Medical Information

**REQUIRED:** A copy of your child's immunization record that includes the following up-to-date vaccines according to the recommendations of the AAP/CDC for your child's age: DTaP Measles, Mumps, Rubella (MMR) HiB IPV PCV Hepatitis A Hepatitis B Varicella (Chickenpox)

Carefully read and fill out this information as it applies to your child. Wonderland Preschool and Yakima Covenant Church are not responsible for any information omitted or falsified in these documents.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Does your child have any hearing or vision problems? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list allergens: \_\_\_\_\_

Is an anaphylactic reaction a possibility? \_\_\_\_\_ Yes \_\_\_\_\_ No

If 'Yes', please list allergens which may cause anaphylaxis here:

\_\_\_\_\_

Does your child have any ongoing medical condition we should know about? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please explain (i.e. symptoms, brought on by or made worse due to): \_\_\_\_\_

\_\_\_\_\_

What specific action should Wonderland staff take when above symptoms are first noted?

\_\_\_\_\_

\_\_\_\_\_

If these actions do not alleviate the child's symptoms, what next steps should Wonderland staff take?

\_\_\_\_\_

\_\_\_\_\_

Does your child have prescription medication that may need to be administer at school? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please have your physician complete the Permission the Administer Medication at School Form.

Does your child have any special needs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please explain:

\_\_\_\_\_

*"I/we, the parent/guardian of \_\_\_\_\_ authorize the Wonderland Preschool Director and/or classroom teachers to take the steps described above if my child exhibits symptoms of his/her ongoing medical condition during school hours. I/we give permission for this information to be shared with school, church and medical staff as necessary."*

If your child requires to have medication at school due to asthma, allergies or other health issues a Permission to Administer Medication form must be completed by your child's physician. Forms can be obtained in the office or online.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Our teachers are CPR/First Aid certified, but are not licensed medical professionals



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## Permission to Administer Medication at School

This form must be filled out by your healthcare provider if your preschooler has a condition which may require medication to be administered at preschool. Children may not attend class until all paperwork has been completed and medication is at school.

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

### Healthcare Provider (HCP) Section

RCW 28A.210.370: The HCP must submit "A written treatment plan for managing asthma or anaphylaxis episodes of the student and for medication use by the student during school hours."

DIAGNOSIS for the medication to be given during school hours:

Asthma Diagnosis: (Circle one)      Mild Intermittent      Mild Persistent      Moderate Persistent      Severe Persistent

Triggers: Please list ALL conditions which aggravate the child's asthma symptoms.

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

Allergens: Please list all foods, drugs and other substances which have caused an allergic reaction.

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

Anaphylaxis Risk? (Circle one) Yes      No

If so, please list allergens which may cause an anaphylactic reaction.

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

Name of Medication & Dosage:

\_\_\_\_\_  
Possible Side Effects: \_\_\_\_\_

When to be given: \_\_\_\_\_

Administration Method & Directions:

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

EMERGENCY ACTION:

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

Duration of order: (Choose one)

\_\_\_\_ Medication is ordered for the duration of the school year      \_\_\_\_ Medication is to be given from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Doctor's (HCP) Signature (REQUIRED): \_\_\_\_\_

Date: \_\_\_\_\_

Doctor's (HCP) Printed Name: \_\_\_\_\_

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

### Parent/Guardian Section

I give my permission for this medical information to be shared with school staff and that the Director and/or teachers can administer the medication prescribed, in accordance with the healthcare provider instructions.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_