



1915 Washington Street - Sumner, WA 253.863.5101 [www.faithcovsumner.com](http://www.faithcovsumner.com)

Little Sprouts Christian Preschool, as a ministry of Faith Covenant Church, provides an early childhood education program where each child can be involved in activities that are structured to meet their spiritual, intellectual, social, emotional and physical needs. Our philosophy embodies the best of current educational teaching strategies, offering a broad spectrum of hands-on activities and age appropriate experiences. With the benefit of our Christ-centered program, we believe your child will be able to transition more easily into their elementary education.

## Enrollment

To enroll a child in preschool, a parent or guardian must complete an application. Enrollment is on a first come, first serve basis. We are sorry, but we cannot hold a spot for you over the phone. **A non-refundable registration fee of \$50.00 is payable upon application for enrollment.** An application without the registration fee will not be counted as complete, and your child will not be registered until your registration fee is received.

If a family enrolls after school has begun, a full month's tuition will be charged if the child is enrolled before the 15<sup>th</sup> of the month. If enrollment is after the 15<sup>th</sup> of the month, then ½ month's tuition will be charged.

## Classes

### ***Grasshoppers***

We offer a class for 3 and 4-year-olds. Three-year-olds must be 3 by August 31<sup>st</sup> of the current school year and potty-trained. This class is offered on Tuesday and Thursday in the morning. Class begins at 9:30 a.m. and dismisses at 12:00 noon.

### ***Dragonflies***

This class is open to 4 and 5-year-olds. Four-year-olds must be 4 by August 31<sup>st</sup> of the current school year and eligible to begin Kindergarten the following year. The Pre-K class is offered in the morning on Monday, Wednesday and Friday. Class begins at 9:30 a.m. and dismisses at 12:00 noon.

## Tuition

Grasshoppers (Tue & Thu)	Non-church member	\$150.00/month
	Faith Covenant member	\$130.00/month
Dragonflies (M, W, F)	Non-church member	\$190.00/month
	Faith Covenant member	\$170.00/month

If there are two, or more children in one family enrolled in the preschool, the older child will pay full tuition and there will be a 10% discount for the other child/children. Yearly tuition is divided into 9 equal payments. Each payment is due by the 1<sup>st</sup> class of each month. There will be a \$5.00 late fee for payments received after the 15<sup>th</sup> of the month unless pre-arranged with the Director. An orientation meeting will be held the week before school begins. The first month's tuition will be due at this meeting. A 5% discount is offered if the yearly tuition is paid in full at the September orientation meeting or upon enrollment.

# Little Sprouts Christian Preschool Enrollment Application 2019-2020

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Child's full name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ Date of Birth \_\_\_\_\_

What name do you want your child to learn to write? \_\_\_\_\_

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

Child lives with: Both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Name of Father or Guardian 1 \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name of Mother or Guardian 2 \_\_\_\_\_ Email \_\_\_\_\_

Occupation \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Daycare or Babysitter \_\_\_\_\_ Phone \_\_\_\_\_

Name and ages of brothers &/or sisters \_\_\_\_\_

Please list your child's previous daycare/school experience (if any) \_\_\_\_\_

Primary language spoken at home \_\_\_\_\_

Do you attend church?      Yes      No

Name of church \_\_\_\_\_ Pastor \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Class desired:

Grasshoppers (3 & 4 years)	Tuesday & Thursday	9:30AM-Noon _____
Dragonflies (PreK)	Mon, Wed, & Fri.	9:30AM-Noon _____

Registration Fee: **\$50.00**

***Please return this application with the non-refundable registration fee to: Faith Covenant Church -1915 Washington Street, Sumner, WA 98390. Once we receive this registration form, you will be sent a confirmation of your child's schedule. The registration fee will ensure a space for your child. Class configuration and additional sessions will be dependent on enrollment numbers.***

Child's Name \_\_\_\_\_

## Little Sprouts Christian Preschool Emergency Consent and Pick-up Authorization 2019-2020

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Mother/Guardian 1 name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate # \_\_\_\_\_

Father/Guardian 2 name \_\_\_\_\_ Phone \_\_\_\_\_ Alternate # \_\_\_\_\_

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's dentist \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Child's allergies (medications, food, other) \_\_\_\_\_

Please list any other **behavioral or health issues** that your child's teacher needs to be aware of:

\_\_\_\_\_  
List any medication taken currently or regularly \_\_\_\_\_

\_\_\_\_\_  
Emergency contact (this person is authorized to pick up your child) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

In addition to parents & emergency contact, please list person(s) authorized to pick up your child from school:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Security Alert

Please inform us of any custody issues, court orders, or living arrangements that we should be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Emergency Consent

I authorize for my child \_\_\_\_\_, to be given emergency treatment by a qualified staff member of Little Sprouts Christian Preschool and Faith Covenant Church to the best of their knowledge and ability. I also give my permission for my child to be transported by ambulance or aid car to an emergency facility for treatment. In case of accident or illness, attempts will be made to contact parents before any kind of action is taken beyond necessary first aid, except as necessary in a life-threatening situation. In the event that I am unable to be contacted, I further consent to the medical, surgical and hospital treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed immediately necessary or advisable to ensure my child's health and safety. I waive my right of informed consent to such treatment.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

### Photo, Directory, Email Release

We often use photos taken at school on our website, Facebook page and in displays in the classroom. Do you give us permission to use a photo in which your child appears? We will never use your child's name when photos are posted on-line.

Yes, I give consent for all \_\_\_\_\_

I give consent for displays in the school, but not on-line \_\_\_\_\_

No, do not use any photos of my child \_\_\_\_\_

We distribute a class directory for each class. Do you give consent for us to use the following in the class directory (check all that you consent to)?

Child's name \_\_\_\_\_ Parent's names \_\_\_\_\_ City \_\_\_\_\_

Phone (enter preferred phone #) \_\_\_\_\_ Email (enter preferred email) \_\_\_\_\_

We often communicate with parents via email to inform them of upcoming events, notices and our monthly newsletter. Do you give us permission to send you emails regarding these items?

Yes, I give consent (enter preferred email) \_\_\_\_\_ No, I do not give consent \_\_\_\_\_

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***To the best of my knowledge the information I have provided is complete and accurate.***

***I understand and agree that I am responsible for paying a monthly tuition regardless of my child's attendance until the normal end of the school year unless I notify the school in writing of my child's withdrawal (email is acceptable).***

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