

Charter Oak Preschool Registration Form

2024-2025

FAMILY INFORMATION

Child's Name _____ DOB _____

Name Child Goes By _____ Home Phone _____

Address _____ City/State _____ Zip _____

Mother/Guardian _____ Occupation _____

Work/Cell Phone _____ Email Address _____

Father/Guardian _____ Occupation _____

Work/Cell Phone _____ Email Address _____

Who has legal custody of this child? _____

Home Church (Optional) _____

WHO, OTHER THAN YOU, IS AUTHORIZED TO PICK YOUR CHILD UP FROM PRESCHOOL?

(ID will be required)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

EMERGENCY CONTACTS

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

MEDICAL RELEASE

In the event of an accident or sudden illness, and the parents cannot be immediately contacted, I hereby authorize Charter Oak Preschool staff to obtain any needed medical and/or hospital treatment for my child. I will assume any expenses incurred by such emergency care.

Physician's Name: _____ Phone _____

Address: _____ Preferred Hospital: _____

Health Insurance: _____ Insurer's Name: _____

Policy or group number: _____

Allergies or Medical Conditions: _____

Parent's Signature _____ Date _____

PERMISSION TO PHOTOGRAPH/VIDEO

I give permission for my child to be photographed/videotaped in scheduled preschool activities. Such photographs may be used by the coop for publicity or educational purposes.

Parent or Guardian's Signature _____ Date _____

FINANCIAL AGREEMENT

Please initial:

_____ I have read and understand Charter Oak Preschool Policy Manual and agree to adhere to all the requirements stated while my child is enrolled in the program.

_____ I agree to pay an annual \$75.00 non-refundable registration fee (per family), a monthly tuition of \$175.00 for each child enrolled**.

_____ I understand that I will be responsible for fulfilling 3 days each month as a family helper in the classroom for each child I have enrolled.

Tuition payments are due by the 5th of each month.

*10% tuition discount off the second child enrolled from the same family.

**5% discount for full year tuition paid by start of school (families leaving the program early will be refunded based on the full annual tuition cost)

SIGNED _____ Date _____

Completed registration packet, registration fee must be submitted to complete enrollment and reserve your space.

Please return to: **Charter Oak Church, PO Box 730, Battle Ground, WA 98604**