

# Charter Oak Preschool Registration Form

2026-2027

## 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 5<sup>th</sup> 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, 12212 NE 299<sup>th</sup> St., Battle Ground, WA 98604**