

# The City Kids Preschool

## Returning Student Enrollment Application

A Ministry of the City Church  
Sheryl Nelson, Director  
9051 132<sup>nd</sup> Ave. NE  
Kirkland, 98033

The following information, birth date guideline, is for the 2010-2011 school year.

**Two's and Three's Classes:** These sessions are perfect for both the first-time preschooler and for children who have previously been in a co-op or other preschool settings. The classrooms are filled with age appropriate learning, rich and stimulating with opportunities for all learning styles. All six sessions are staffed with qualified teachers. Our 2's classes have two assistants and one lead teacher, with a class size of 14 children. Our 3's classes have one assistant and one lead teacher with a class size of 14 children.

- **Two's Class** - Children must be 2 by March 1<sup>st</sup>. There are 3 sessions to choose from. Our morning classes meet Monday/Wednesday or Tuesday/Thursdays from 9:00am-11:30am our afternoon classes meet Tuesday/Thursday 12:30-3:00pm. Two days a week is **\$1,935 annual non-member (9 payments of \$215 per month); \$1,710 annual City Church member (9 payments of \$190 per month)**.
- **Three's Class:** Children must be 3 by August 31<sup>st</sup> and must be potty trained. There are 3 sessions to choose from. Our morning classes meet Monday, Tuesday and Thursdays from 9:00-11:30am and our afternoon class meets Monday, Tuesday and Thursday 12:30-3:00pm. Three days a week is **\$2,340 annual non-member (9 payments of \$260 per month), \$2,115 annual City Church member (9 payments of \$235 per month)**.

**Four's and Pre-K Classes:** Our 4's and Pre-K classes are designed to equip children with a strong feeling of self-worth and provide an environment that challenges preschoolers socially, mentally, physically, emotionally and spiritually. Each class recognizes different learning styles and individual needs. All classes have one assistant and one lead teacher with a class size limited to 16 children.

- **Four's Class:** Children must be 4 by August 31; A year of prior preschool is preferred to enroll in this class. Our morning 4's class meets Monday, Tuesday, Wednesday and Thursday from 9:00am-11:30am and our afternoon 4's class meets Monday, Tuesday, Wednesday and Thursday from 12:30-3:00pm. Four days a week is **\$3,060 annual non-member (9 payments of \$340 per month), \$2,835 annual City Church member (9 payments of \$315 per month)**.
- **Pre-K class:** Children must be 5 by December 31. This 4-day Pre-K class includes Kindergarten readiness curriculum with opportunities to build meaning and foundation for the future. Our morning Pre-K class meets Monday, Tuesday, Wednesday and Thursday from 9:00-11:30 and our afternoon class meets Monday, Tuesday, Wednesday, and Thursday from 12:30-3:00 pm. Four days a week is **\$3,375 annual non-member (9 payments of \$375 per month), \$3150 annual City Church member (9 payments of \$350 per month)**.

### Pre-K or 4's Class: How do you choose?

If your child is turning 5 in 2010, or has prior preschool experience (case by case basis), or you were planning to enroll in kindergarten and don't meet the age requirement, or you want an additional year of preparation before kindergarten, Pre-K is for you!

**Fee Schedule – 9 Monthly Payments (August 2010-May 2011)**

Class/Session		Monthly Fee		Other Fees		
Class	Session	Non Member	City Church Member	Registration Fee	Materials Fee	Memory Book Fee
2 Year Old	MW AM	\$215	\$190	\$50	\$70	\$20
2 Year Old	TTH AM	\$215	\$190	\$50	\$70	\$20
2 Year Old	TTH PM	\$215	\$190	\$50	\$70	\$20
3 Year Old	M T TH AM	\$260	\$235	\$50	\$75	\$45
3 Year Old	M T TH PM	\$260	\$235	\$50	\$75	\$45
4/5 Year Old	M T W TH AM	\$340	\$315	\$50	\$110	\$45
4/5 Year Old	M T W TH PM	\$340	\$315	\$50	\$110	\$45
Pre-K	M T W TH AM	\$375	\$350	\$50	\$125	\$45
Pre-K	M T W TH PM	\$375	\$350	\$50	\$125	\$45
<b>City Kids Club</b>						
<b>Pre-Paid Card</b> (non refundable, usable 2010/2011 school year)			Drop-in rate of \$15/day or \$175/mo			

- **Non-City Church Member Discount:** A \$90 discount off the 2<sup>nd</sup> and 3<sup>rd</sup> child’s annual tuition rates will be offered to non-City Church members only.
- **Registration Fee** is per child and non-refundable, \$50.00.
- **Materials Fee** is per student and non-refundable after July 31<sup>st</sup>.
- **Two’s Class** – children must be 2 by March 1
- **Three’s Class** – children must be 3 by August 31, and MUST be potty trained.
- **Four’s Class** – children must be 4 by August 31,
- **Pre-K Class**—children must be 5 by December 31
- **City Kids Club** is an after school program designed for our 3-5 year olds who must be potty trained and is offered Monday Tuesday Wednesday and Thursday 11:00am-12:30pm or 11:30am-1:00pm. This program is theme based, with extracurricular activities including daily biblical application. Our teachers are trained and effective at creating a fun, safe and comfortable environment. All the children need to do is bring their lunch! City Kids Club extends your child’s day for an additional 1.5 hours. To secure your space you must purchase a pre-paid punch card for a certain number of days up to 20 days.

**Options for Extend Care**

- **AM Extended Care (2.5 hours) 7 am-9am**  
Kirkland \$125/mo or Drop-in rate of \$20/day
- **PM Extended Care (3 hours) 3 pm-6pm**  
Kirkland \$190/mo or Drop-in rate of \$30/day
- **City Kids Club (1.5 hours) 11-12:30 or 11:30-1:00**  
\$175/mo or Drop-in rate of \$15/day

*Please carefully review this checklist and each of the registration packet forms. If you have any questions regarding the program, please contact The City Kids Preschool Director, Sheryl Nelson, 425.739.1227, [sheryl.nelson@thecity.org](mailto:sheryl.nelson@thecity.org).*

*Please complete these forms and return them to the Preschool office in order to finalize your child's registration for the 2010-2011 school year.*

- ❑ **Student Information and Enrollment Application form:** Fill out completely, sign, and date.
- ❑ **Allergy Review form:** Fill out completely, sign, and date (even if your child has no known allergies).
- ❑ **Medical Consent & Information form:** Fill out completely, sign, and date.
- ❑ **Emergency Contact Information form:** Please provide two or more emergency contacts. Fill out completely, sign, and date.
- ❑ **Authorization and Release and Waiver of Liability form:** Please initial each paragraph where indicated, sign, and date.
- ❑ **Financial Policies Agreement:** Fill out completely, sign, date, and keep a copy for your records.

**For Volunteers Only:** If you would like to volunteer at the Preschool, please fill out the Volunteer Application form available from the Preschool office. Every volunteer must have an approved application on file, including a background check.

I hereby apply for enrollment of my child, \_\_\_\_\_, in The City Kids Preschool for the 2010-2011 school year. I agree to fully comply with all of the policies, procedures and requirements of the Preschool as now in effect or as updated from time-to-time. I understand that this application and my child's enrollment are subject to the acceptance of the Preschool, which is a ministry of The City Church.

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

**Please print your full name** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Registration Fee	
Materials Fee	
Memory book fee	
<b>TOTAL DUE AT REGISTRATION</b>	

# The City Kids Preschool Student Information and Enrollment Application

## 2010-2011 Registration

Today's Date: \_\_\_\_\_

Child's Full Name: \_\_\_\_\_

I am registering my child for the following class/session: (please circle one session under the class of your choice or if more than once choice circle and indicate 1<sup>st</sup>, 2<sup>nd</sup>, etc.)

Two's AM	Two's PM	Three's AM	Three's PM	Four's AM	Four's PM	Pre-K AM	Pre-K PM
2 days	2 days	3 days	3 days	4 days	4 days	4 days	4 days
Mon/Wed		Mon/Tue /Thu	Mon/Tue/ Thu	Mon-Thu	Mon-Thu	Mon-Thu	Mon-Thu
Tue/Thu	Tue/Thu						

Child's Preferred Name (if applicable): \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Please Circle: Boy Girl

Home Address: \_\_\_\_\_

City, Zip \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address, City, Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father has permission to pick up child: \_\_\_\_\_ Yes \_\_\_\_\_ No

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address, City, Zip: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother has permission to pick up child: \_\_\_\_\_ Yes \_\_\_\_\_ No

Language(s) spoken at home: \_\_\_\_\_

Church membership or attendance: (please list name of church)

\_\_\_\_\_

# The City Kids Preschool

# 2010-2011 Registration

Allergy Information (Please check one):

\_\_\_\_\_ My child has no known allergies \_\_\_\_\_ My child is allergic to or has the following food

restrictions\*: \_\_\_\_\_

*\*For other allergies, please see the Allergy Review form.*

\*Date of child's last physical exam: \_\_\_\_\_

(an exam within the last year is critical)

Child's Physician's Name: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone: (    ) \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Subscriber or Policy Number: \_\_\_\_\_

I, \_\_\_\_\_ (print your full name), as parent or legal guardian, authorize all medical, surgical, diagnostic and hospital procedures, including administration of drugs or medicine, as may be performed or prescribed by a treating physician, dentist or other health care provider for: \_\_\_\_\_ (print child's full name) if I cannot be reached in the case of an emergency.

I also authorize The City Kids Preschool to call 911 if any staff member determines that my child is in need of immediate medical attention. I agree that my medical insurance plan is the primary plan to pay any treatment given to my child and that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

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

**The City Kids Preschool  
Allergy Review**

**2010-2011 Registration**

Child's Full Name: \_\_\_\_\_

***If your child has no known allergies, please check the box below, sign and date.***

- My child has no known allergies.

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

Please print your full name \_\_\_\_\_

***If your child has one or more allergies, please provide the following information and sign and date at the bottom of the page.***

Specifically describe your child's allergies: \_\_\_\_\_

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

For each allergy listed above, list all physical reactions: \_\_\_\_\_

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

Please describe any restrictions or cautionary measures that should be taken: \_\_\_\_\_

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

If your child suffers an allergic reaction, list the steps you would like the Preschool staff to take:

- 1.
- 2.
- 3.
- 4.

I hereby authorize The City Kids Preschool to **call 911** if any staff member determines that my child is having an allergic reaction that requires immediate medical attention. I agree that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

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

Please print your full name \_\_\_\_\_

# The City Kids Preschool Medical Consent & Information

2010-2011 Registration

**Child's name:** \_\_\_\_\_

If your child needs emergency medical care or treatment and is less than 18 years old, hospitals and other medical providers are required to contact you for authorization before they treat your child, except in the case of life-threatening situations. Only a parent or legal guardian can give this authorization. You can help ensure that your child receives any necessary emergency treatment when you cannot be contacted by completing this Medical Consent and Information form. The completed, signed form will be kept in your child's records in The City Kids Preschool office. In the event of a medical emergency, this record will accompany your child so that prompt emergency care or treatment may be administered.

## CHILD'S INFORMATION

Full legal name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Chronic Illnesses or other information that may be relevant for medical treatment:

\_\_\_\_\_

Regular Medication and Dosage: \_\_\_\_\_

Child's Physician and Phone Number: \_\_\_\_\_

Father's Daytime Phone: \_\_\_\_\_ Father's Cell Phone: \_\_\_\_\_

Mother's Daytime Phone: \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Medical Insurance Company Name: \_\_\_\_\_

Insurance Company Address: \_\_\_\_\_

Insurance Company Phone Number: \_\_\_\_\_

Subscriber Name: \_\_\_\_\_

Subscriber or Policy Number: \_\_\_\_\_

I, \_\_\_\_\_ (print your full name), as parent or legal guardian, authorize all medical, surgical, diagnostic and hospital procedures, including administration of drugs or medicine, as may be performed or prescribed by a treating physician, dentist or other health care provider for: \_\_\_\_\_ (print child's full name) if I cannot be reached in the case of an emergency.

I also authorize The City Kids Preschool to call 911 if any staff member determines that my child is in need of immediate medical attention. I agree that my medical insurance plan is the primary plan to pay any treatment given to my child and that I am responsible for all expenses incurred on behalf of my child, including without limitation any expenses not covered by my medical insurance.

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

# The City Kids Preschool Emergency Contact Information

2010-2011 Registration

Child's name: \_\_\_\_\_

If my child has an illness or emergency and I cannot be reached by The City Church Preschool at the phone number(s) on record with the Preschool, I authorize the Preschool to contact the following local individuals and allow them to pick up my child from the Preschool (**please provide at least two emergency contacts**):

1. Name: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

2. Name: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

3. Name: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

4. Name: \_\_\_\_\_ Daytime Phone: (    ) \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

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

**NOTE:** Daily consent forms are available with your child's teacher for an occasional permission to pick up.

# The City Kids Preschool Authorization and Release and Waiver of Liability

2010-2011 Registration

Child's name: \_\_\_\_\_

Please **initial** the following:

\_\_\_\_\_ I authorize my child to participate in all activities of The City Kids Preschool. This authorization includes field trips or other activities away from the Preschool building. I understand that I will be notified in advance of all field trips, that while traveling for a field trip my child will use a car seat that I provide, and that parent chaperones accompany all field trips.

\_\_\_\_\_ I understand that it is my responsibility to provide a suitable car seat for my child that meets all government safety standards.

\_\_\_\_\_ I give permission for my child's information (child's name, birthday, parents' names, address, e-mail and telephone number) to be included on a class list that will be handed out to other parents or guardians of children in the Preschool. I understand that The City Kids Preschool will not hand out this information to advertisers or any other solicitors.

\_\_\_\_\_ \* I authorize The City Kids Preschool to photograph or videotape, and permit other persons to photograph or videotape my child while attending the preschool or preschool-related functions. I also authorize photographs to be shared over the Internet for school publicity or family purposes only.

*\*Note: At The City Kids Preschool we use photographs and video footage on bulletin boards, in art projects, and occasionally for publicity purposes including mailers or television advertisement. A photographer/videographer may be invited to take individual student or class school photographs or films. We ask your permission to photograph and videotape your child.*

## RELEASE AND WAIVER OF LIABILITY (please initial)

\_\_\_\_\_ In exchange for my child named above being allowed to participate in The City Kids Preschool, I as parent or guardian waive and I release and discharge The City Kids Preschool (a ministry of The City Church), The City Church and its directors, officers, employees, volunteers, members, and agents from any and all claims, damages or expenses arising from or related to my child's participation in the Preschool. I also agree to indemnify, hold harmless and defend The City Church and each of the other parties listed above with regard to such claims, losses or expenses, including without limitation any claims made by or on behalf of my child.

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

Print your full name \_\_\_\_\_

**FINANCIAL POLICIES AGREEMENT**

We value the opportunity to have your child enrolled in The City Kids Preschool and look forward to making this experience a positive one in every way. Thank you for assisting us in the financial aspect so that the focus can be on the care and education of the children.

TUITION RATES 2010-2011				
Sessions	Non City Church Member(s)		City Church Members	
	Annual	9 Payments	Annual	9 Payments
2 per week	\$1,935	\$215	\$1,710	\$190
3 per week	\$2,340	\$260	\$2,115	\$235
4 per week	\$3,060	\$340	\$2,835	\$315
Pre-K Class	\$3,375	\$375	\$3,150	\$350

  

DISCOUNTS
<b>(a) Non City Church Member Discount:</b> A \$90 discount off the 2 <sup>nd</sup> and 3 <sup>rd</sup> child’s annual tuition rates will be offered to non City Church members only.
There is no discount on tuition for days missed while Preschool is in session.

CITY KIDS CLUB PRE-PAID PLAN	
City Kids Club is offered Monday, Tuesday, Wednesday, Thursday 11:00am-12:30pm or 11:30am-1:00pm.	
Pre-paid card (non-refundable, usable 2010-2011 school year)	\$15 per day or \$175 per month

**TUITION PAYMENTS**

The Accounting Department will prepare and mail an account statement to the responsible billing party for each child on the first of each month. If you do not receive the statement by the 5<sup>th</sup> of the month or if you have any billing inquiries, please contact the Accounting Department at 425.803.3233. Failure to receive a statement does not constitute a reason for not paying the tuition amount due on the 1<sup>st</sup>. Payments are due on the 1<sup>st</sup> and late if not received by the 10<sup>th</sup> of each month at which time a late fee of \$50.00 will be assessed.

**WITHDRAWALS/DISCONTINUED SERVICES**

The School Office must be informed in writing if a student will be withdrawing before the end of the school year. The letter must be received thirty (30) days prior to withdrawal. Failure to submit a thirty day written notice will result in an additional month’s tuition fee(s) being assessed.

The City Kids Preschool reserves the right to:

- Cancel any class;
- Balance class ratios; and
- Discontinue preschool services to families who do not adhere to policies and procedures, including but not limited to those outlined in The City Kids Preschool Parent Handbook or as instructed by the Preschool Director or classroom teachers.

**LATE PAYMENTS**

The City Kids Preschool encourages the responsible billing party to meet with the Preschool Director any time a financial problem arises. Many problems may be avoided and/or resolved with early communication.

Tuition payments are due on the first of each month and late if not received by the 10<sup>th</sup>. If after being notified of the delinquency the responsible party has not taken reasonable attempts to address the financial obligations the child will be suspended from the Preschool on the last day of the month in which the account became delinquent and until his/her account is made current, including any late fees assessed.

**Child's name:** \_\_\_\_\_

I, \_\_\_\_\_ (please print your full name), as the responsible billing party for the above-named child, acknowledge that I have read the above financial policies and agree to them in their entirety.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Billing Party Address: \_\_\_\_\_  
\_\_\_\_\_

Billing Party Phone Number: (     ) \_\_\_\_\_