



REGISTRATION PACKET

Thank you for choosing New Heights Preschool, LLC, for your child's early learning experience! Please make sure to read your entire packet carefully. We are very pleased to be able to offer 2, 3, and 4 day schedules.

In our efforts to provide the most successful and nurturing environment for your child, we recommend appropriate scheduling choices based on individual needs. Your child must be 3 years of age (or very nearly 3) by August 31st, 2016 to enroll. There will be a six week trial period for children who are registered for the 2016-2017 school year. We reserve the right to place students in other schedules or refer students to other programs if our program is not meeting all of their developmental needs.

Select your 1st, 2nd and 3rd schedule choices by filling in the boxes next to the class offerings on the Schedule Options page. Families who do not get their first choice schedule will be accommodated, if space is available, with their second or third choice and placed on a waitlist for their first choice.

Registration and Pre-Paid Tuition Deposit Fees: An annual family registration fee of \$100.00 is required upon enrollment. A tuition deposit of \$100.00 per student is also due with your enrollment and will be applied to your June, 2017 tuition. These fees must be paid to secure your child's enrollment.

Allergies: If your child has any **allergies, food intolerances, or asthma**, a separate mailing will be sent to you. These forms must be completed prior to attendance.

Your child's happiness and safety are very important to us. To ensure that our student records are accurate, please take some time to review and complete the following forms for enrollment. We are looking forward to working with you and your child!

- SCHEDULE OPTIONS and FINANCIAL CONTRACT**

- ENROLLMENT APPLICATION**

- EMERGENCY CONSENT / PICK-UP AUTHORIZATION**

- DISASTER RELEASE FORM**

- IMMUNIZATION FORM**



Schedule Options

The following tuition schedule reflects the monthly fees for the 2016-2017 school year.
Please write a 1, 2, or 3 in the box next to your **FIRST, SECOND, and THIRD** schedule choices.

<p>Monday, Tuesday, Thursday, and Friday <i>Morning</i> 8:45 a.m. – 11:45 a.m. <input type="checkbox"/> \$500.00 per month</p>	<p>Monday, Tuesday, Thursday, and Friday <i>Afternoon</i> 12:30 p.m. – 3:30 p.m. <input type="checkbox"/> \$500.00 per month</p>
<p>Monday, Tuesday, and Thursday, <i>Morning</i> 8:45 a.m. – 11:45 a.m. <input type="checkbox"/> \$378.00 per month</p>	<p>Monday, Tuesday, and Thursday, <i>Afternoon</i> 12:30 p.m. – 3:30 p.m. <input type="checkbox"/> \$378.00 per month</p>
<p>Tuesday, Thursday, and Friday <i>Morning</i> 8:45 a.m. – 11:45 a.m. <input type="checkbox"/> \$381.00 per month</p>	<p>Tuesday, Thursday, and Friday <i>Afternoon</i> 12:30 p.m. – 3:30 p.m. <input type="checkbox"/> \$381.00 per month</p>
<p>Monday and Friday <i>Morning</i> 8:45 a.m. – 11:45 p.m. <input type="checkbox"/> \$241.00 per month</p>	<p>Monday and Friday <i>Afternoon</i> 12:30 p.m. – 3:30 p.m. <input type="checkbox"/> \$241.00 per month</p>



Financial Contract

Pease read each paragraph below and initial next to each box before signing contract:

The school year tuition fee is divided into 10 equal payments due on the first of each month, September through June. The first payment is due on the first day of school in September 2016. A 10% service charge may be applied to payments received after the 5th of the month.

An annual family registration fee of \$100.00 and a tuition deposit of \$100.00 are required upon enrollment. The pre-paid tuition deposit will only be applied to June 2017 tuition. Should it be necessary to withdraw your child for any reason, the tuition deposit and registration fees will be forfeited.

- Absence from school due to illness or personal vacation will not be considered for tuition credit. If you withdraw at any time during the year, you will be required to register again when you return and pay a re-enrollment fee of \$200.00. Make up days for weather related closures will be determined each year and posted on our school calendar.
- There will be a six week trial period for children who are registered for the 2016-17 school year. We reserve the right to place students in other schedules or refer students to other programs if our program is not meeting all of their developmental needs.
- New Heights Preschool LLC may use photographs of families and children for its newsletters, brochures, website, memory books, slide shows, as well as for general display within the school.

I would like to enroll **my child** _____, at New Heights Preschool LLC for the 2016-2017 calendar school year. I have read the contract, understand, and agree to all of the conditions stated in this financial contract.

Parent/Guardian

New Heights Preschool LLC



Enrollment Application

Child's Name _____ Gender _____ Birth Date _____

Name or nickname you would like your child to go by if not the above name _____
Your child will be addressed by this name and this name will appear on their cubby, name cards, etc.

Address _____ City _____ Zip _____

We will be using your primary contact number for staff/parent communications, classroom lists and the school directory.

Mother's Name _____ Primary Contact # _____ Secondary Contact # _____

Occupation (optional) _____ Work Phone _____ E-mail _____

Father's Name _____ Primary Contact # _____ Secondary Contact # _____

Occupation (optional) _____ Work Phone _____ E-mail _____

Names and ages of sibling's _____

Allergies/Food Intolerances/Asthma: Yes / No If yes, please specify: _____

Does your child need medication at school? Yes/No

List any childhood diseases and/or medical conditions New Heights Preschool LLC staff should be aware of:

Is your child receiving any services or has your child received any services in the past? (i.e. speech, occupational, etc.)

Is your child attending another preschool or has your child attended preschool before? Yes / No

If yes, please specify: _____

Do you have any concerns regarding your child's success in preschool? _____

Your child's interests and experiences:



Emergency Consent and Pick-up Authorization Form

I authorize permission for my child _____, to be given emergency treatment by a qualified member of the New Heights Preschool staff. I also give permission for my child to be transported by ambulance or aid car to an emergency facility for treatment.

In the event I am unable to be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to ensure my child’s health and safety.

New Heights Preschool LLC makes every effort to provide a safe environment for your child. However, there are risks inherent to a preschool environment such as food, the physical environment including the playground, materials used in classroom, etc. that may cause harm to your child. More specifically, if your child has an allergy to food or environmental causes, your child may be at a greater risk.

I, _____, (please print) am aware of these risks and accept responsibility.

Parent/Guardian Signature Date

Child’s Physician _____ Phone _____

Child’s Dentist _____ Phone _____

Preferred Hospital _____ Phone _____

Date of last Doctor Visit/Exam _____ Date of last vision and hearing screening _____

Parent’s Name: _____ Primary Contact # _____

Secondary Contact # _____

Parent’s Name: _____ Primary Contact # _____

Secondary Contact # _____

Emergency Contacts: These people have your authorization to pick your child up from New Heights Preschool.

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Name _____ Phone _____ Cell _____

Allergies/Food Intolerances/Asthma: Yes / No If yes, please specify: _____

_____ Does your child need medication at school? Yes/No

Any Health Concerns? _____

New Heights
Preschool



24631 SE 44 ST
Sammamaih, WA 98029
Phone: (425) 736-5421
www.NewHeightsPreschool.com