

Little Church on the Prairie Preschool Registration
6310 MOTOR AVE SW, LAKEWOOD, WA 98499

Class (circle): Jr. AM Pre-K PM Pre-K

Today's date: _____

Reg. fee paid:(online at VANCO) _____

Registration Information:

Child's full name _____

Date of birth _____ boy or girl (circle)

What name does he or she prefer? _____

Father's full name and occupation _____

Mother's full name and occupation _____

Active Duty Military? Y or N (circle)

Address (include zip and city); list both addresses if separate:

cell phone: _____ (c) _____

home phone: _____ (h) _____

email: _____ (e) _____

With whom does child live? _____

Name & address of party responsible for tuition payment if other than parent:

Are parents church members? Church name: _____

If not members, what is your religious preference? _____

Please list other children and adults in your home (name, relationship and age):

*Does child have allergies? If so, please list: _____

*List any foods that should not be served to your child: _____

Does child have any physical or cognitive disabilities? _____

Does child speak plainly and easily? _____

List child's previous group experiences: _____

ACKNOWLEDGEMENT OF POLICIES

I agree to pay a non-refundable registration fee of \$100.00 to reserve a space for my child.

I understand that I am responsible to set up an account online with VANCO; that all payments will be made online. This site is accessible at our website:
www.lcoppreschool.com

I understand that my child's tuition rate for preschool is based on a full school year, September through May, and that for my convenience the LCOP Preschool will accept 9 equal installments July through March.

I further understand that I will be required to confirm my child's enrollment in the program by paying the first tuition installment and Supply Fee--DUE July 1st.

I also understand that all accounts not paid in full by the 15th of each month will be subject to a late fee of 10% unless other payment arrangements have been agreed upon. If fees are not paid in full by the end of the month, my child may not be allowed to return to class.

I agree to pick up my child promptly when class dismisses. If I am late, I agree to pay \$10 for each 10-minute period that requires staff to remain with my child.

Parent Signature(or guardian)_____Date_____