

Fairview Christian Preschool



“...They will soar on wings like eagles...”

Isaiah 40:30-31

Fairview Christian Preschool

PO Box 1281
385 O'Brien Road
Port Angeles, WA 98362
360-457-5905
360-460-5153

Please submit your completed application to the preschool office with the \$50.00 non-refundable registration and materials fee to hold a place for your child.

WELCOME

Thank you for expressing an interest in Fairview Christian Preschool. As part of the application process, we invite you to carefully read through this information packet. We also encourage you to make an appointment to come in and visit the preschool facility. Please give our office a call if you have any questions. We look forward to meeting you and serving your family in the future.

Thank you,

Shellea Wolfe- Lead Teacher

FAIRVIEW CHRISTIAN PRESCHOOL

2024-2025 Application for Enrollment

Non-Refundable Registration and Materials fee of \$50.00

Please make check payable to: Fairview Bible Church

Child's Last Name	First	Middle	Answers To
Date of Birth	Present Date	Starting Date	Male or Female
Preschool (age 3 by 9/1) <input type="checkbox"/>	Pre-K (age 4 by 9/1) <input type="checkbox"/>	Where will child attend kindergarten?	

Parent/Guardian 1

Name Mr/Mrs/Ms	Home Phone
Home Address	Work Phone
City/Zip	Cell Phone
Relation to Student	Lives with Student Y or N
Employer/Occupation	Billing Party Y or N

EMAIL: _____

Parent/Guardian 2

Name Mr/Mrs/Ms	Home Phone
Home Address	Work Phone
City/Zip	Cell Phone
Relation to Student	Lives with Student Y or N
Employer/Occupation	Billing Party Y or N

Sibling Information

Name	Age	School
Name	Age	School
Name	Age	School
Nam	Age	School

Dismissal Authorization (other than parents, child will be released ONLY to persons indicated below)

The following are authorized to remove_____ from school;		
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone

Emergency Contacts (Parents will be the first contacted. Please list order in which friends or relatives should be contacted if we are unable to make contact with parent.)

Name	Relationship	Daytime Phone
Name	Relationship	Daytime Phone
Name	Relationship	Daytime Phone

Natural Disaster Contact (Please list a contact at least 100 miles away, a different state if possible. If phone lines in the area are down, we will be able to communicate through this person.)

Name	Relationship	Daytime Phone
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What are your three priorities regarding the total education of your child?

What would you like for your child to learn about God?

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Church Affiliation:

Denomination:

Additional Information (Please share any information that will help us know your child better.)

Type of previous group or preschool experience?	Where?
Other languages spoken in your home	Eating behaviors
Fears your child may have	
Any unusual experiences your child may have had (moving, hospital stay, loss of someone close)?	
Likes and dislikes	
Play habits	
Home situation	

Medical Information

Doctor/Clinic	Phone
Insurance Company	Policy Number
Allergies	
Medical Concerns	
Physical Limitations	
Other	

Consent to Medical Care and Treatment of a Minor Child

I, _____, the undersigned, parent or legal guardian of _____, give permission that s/he may be given emergency treatment to include first aid and CPR by a qualified staff member of Fairview Christian Preschool. I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed for my child by my child's regular physician, or when that physician cannot be reached by a licensed physician or hospital when deemed advisable by the physician to safeguard my child's health if I cannot be contacted. In such a case, I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I further authorize Fairview Christian Preschool to take my child to a hospital, and I agree that I will pay for all physician's and hospital bills, and Fairview Christian Preschool shall not be responsible for them. I do not hold Fairview Christian Preschool or Fairview Bible Church responsible or liable for any action necessary in the emergency care of my child.

Signature_____

Date_____

Enrollment Agreement

For Office use only
Entered on computer ____
Invoice number ____
Registration applied ____

Fee Schedule

___ Preschool (Tuesday/Thursday) **8:30-11:00** \$1,350/year \$150/month (Sept-May)

___ Prekindergarten (Mon/Wed/Fri) **8:30-11:30** \$1,620/year \$180/month (Sept-May)

If you have a sibling attending the Preschool during the same time period you will get a \$5.00 deduction per child per month.

The first payment is due during the first week of school. All following payments are due on the 1st of the month but will be accepted without a late fee until the 10th. A late fee of \$20.00 will be charged if payment not made by the 10th of the month

My annual Tuition from the fee schedule will be: \$ _____

I am selecting from the following payment plan:

___ Payment in full OR \$ _____
___ Nine-month payment plan \$ _____/month
___ Deducted rate per sibling \$ _____/month

Please initial after reading each statement:

___ I understand that tuition is due the first Monday of each month unless a written agreement has been made with the director of bookkeeping. I also understand that I pay for the number of days reserved for my child regardless of attendance.

___ I understand that all tuition must be paid in full by May 31st of the preschool year my child is enrolled in.

___ I understand that there is a late fee that may be added to my balance as noted of the fee if my account should become delinquent.

___ I understand that my registration will not be processed until the annual materials registration fee has been received by the bookkeeper.

___ I understand that my first tuition payment will be due during the first week of school.

___ I have received and read the preschool handbook.

Date ___/___/___ Signature of parent/guardian _____

Signature of teacher _____