

**Hillcrest Christian Preschool**

Registration Form

P.O. Box 1774  
Sultan, WA 98294  
360-793-1729

Class Preference	
MWF	3's MW
<input type="checkbox"/>	<input type="checkbox"/>

<b>OFFICE USE ONLY</b>
<b>Registration fee paid:</b>
<b>Date received:</b> _____

Child's name \_\_\_\_\_ Home Phone \_\_\_\_\_ Gender \_\_\_\_\_

Name usually called \_\_\_\_\_ Date of Birth \_\_\_\_\_ Current Age \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child lives primarily with \_\_\_\_\_

Limits on custodial/visitation rights \_\_\_\_\_

Mother's name \_\_\_\_\_ Father's name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Residence (if different) \_\_\_\_\_ Residence (if different) \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_ Mailing address (if different) \_\_\_\_\_

Email address \_\_\_\_\_ Email address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Church & city \_\_\_\_\_ Church & city \_\_\_\_\_

Other Children in Family (name, age) \_\_\_\_\_

Daycare provider (name, phone, city) \_\_\_\_\_

People outside the home who are important to your child \_\_\_\_\_

Other things about your child that would help us understand him/her better \_\_\_\_\_

**Hillcrest Christian Preschool**

14104 Sultan Basin Road  
P.O. Box 1774  
Sultan, WA 98294  
360-793-1729

MEDICAL INFORMATION FORM

**Child's name** \_\_\_\_\_ Home Phone \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth \_\_\_\_\_ Street address \_\_\_\_\_ City \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/guardian \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Emergency contacts (someone living nearby and available during preschool hours if you cannot be reached):

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Physician \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Preferred hospital \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Dietary restrictions/Food allergies \_\_\_\_\_

Current medications \_\_\_\_\_

Medical/Drug allergies \_\_\_\_\_

**Other** allergies \_\_\_\_\_

Serious or chronic illnesses or injuries \_\_\_\_\_

Preferred treatment for above concerns \_\_\_\_\_

Physical limitations \_\_\_\_\_

Concerns about vision, hearing, speech, behavior or motor skills \_\_\_\_\_

**Other concerns** \_\_\_\_\_

PERMISSION FOR EMERGENCY MEDICAL TREATMENT:

I give permission to secure emergency medical treatment for my child.

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

Hillcrest Christian Preschool  
P.O. Box 1774  
Sultan, WA 98294  
360-793-1729

### Tuition Agreement Form

I agree to pay \$ \_\_\_\_\_ per month for \_\_\_\_\_,  
(child's name)

to attend \_\_\_\_\_

\_\_\_\_\_ Pre-K (4's/5's: Mon, Wed, Fri: \$110.00/month), or  
\_\_\_\_\_ 3's class (Mon./Wed: \$90.00/month, parent involvement not required) , or  
\_\_\_\_\_ 3's class with parent involvement (Tues./Thurs)

at Hillcrest Christian Preschool.

I agree to pay first and last months' (typically, September & May) tuition by August 20. I will pay the following months' (October through April) tuition payments by the 20<sup>th</sup> of each preceding month (i.e., October's tuition is due September 20<sup>th</sup>, etc.), regardless of absences, school vacations and/or weather-related school closures. A late fee (\$10) will apply if tuition is not paid by the last day of the preceding month. I understand that non-payment of tuition will result in the student's withdrawal from enrollment.

If it is necessary for the student to withdraw from enrollment, I will inform the director by the 20<sup>th</sup> of the preceding month. If the student withdraws from preschool without proper and timely notification (by the 20<sup>th</sup> of the preceding month), no refund of the last month's tuition will be due, if it was previously paid.

Signed,

\_\_\_\_\_  
(person responsible for tuition payments)

Dated: \_\_\_\_\_

Printed name of person responsible for tuition payments: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, ZIP: \_\_\_\_\_

Phone number: \_\_\_\_\_

Payments are remitted to: "**Hillcrest Baptist Church.**" Please write "**Preschool**" and the **child's name** on the memo line. If the payment is mailed, please address to: "Hillcrest Christian Preschool, P.O. Box 1774, Sultan, WA 98294." Please refer any questions or financial concerns to the preschool director at 360-793-1729.

*Thank you very much.*

Hillcrest Christian Preschool

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

P.O. Box 1774

(please print)

Sultan, WA 98294

360-793-1729

**PERMISSION TO PUBLISH PHONE NUMBERS FOR A CLASS PHONE LIST:**

I give permission to publish my phone number(s) in a class list for preschool parents.

Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

If applicable:

Non – custodial parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

Daycare Provider's Phone Number: \_\_\_\_\_

Daycare Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

Daycare Provider's Phone Number: \_\_\_\_\_

Daycare Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

**PERMISSION TO PUBLISH YOUR CHILD'S NAME AND/OR IMAGE:**

I give permission to publish my child's name and image for public information purposes (i.e., preschool brochures, advertising, local newspapers, etc.)

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

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

Hillcrest Christian Preschool AUTHORIZATION FOR CHILD PICK-UP. Please use these throughout the year as needed. More are available from your child's teacher. Inform the adult to have ID ready.

.....  
I authorize \_\_\_\_\_ to pick up my child,  
\_\_\_\_\_, from preschool on \_\_\_\_\_ (date).

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

.....  
I authorize \_\_\_\_\_ to pick up my child,  
\_\_\_\_\_, from preschool on \_\_\_\_\_ (date).

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

.....  
I authorize \_\_\_\_\_ to pick up my child,  
\_\_\_\_\_, from preschool on \_\_\_\_\_ (date).

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

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I authorize \_\_\_\_\_ to pick up my child,  
\_\_\_\_\_, from preschool on \_\_\_\_\_ (date).

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

.....  
I authorize \_\_\_\_\_ to pick up my child,  
\_\_\_\_\_, from preschool on \_\_\_\_\_ (date).

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