



## 2024 - 2025 Registration Packet

### Registration Checklist

The following must be completed:

- Registration form
- Registration fee of \$75

### Registration FAQ

- Classes begin mid-September and continue through to Memorial Day weekend in May. We follow the vacation schedule of the Bellingham Public School District.
- Children must be 3 to 5 years old (age 3 by September 1) and toilet trained.
- Children turning 3 before December 1 will be evaluated for readiness and enrolled on a space available basis.
- Children must be physically and emotionally ready for the type of group experience that this preschool offers.
- First Pres Preschool is an all-year open enrollment school. Children are welcome to join us anytime throughout the year, space and readiness permitting.

### Typical Daily Schedule

- 9:00** Soft Start, Discovery Time
- 9:30** Morning Meeting
- 9:45** Play-based Learning, Art
- 10:30** Middle Circle
- 10:45** Snack
- 11:15** Gross Motor Play and Group Games
- 11:45** Closing Circle
- 12:00** Preschool Parent Pick-Up
  
- 12:00** Start Pre-K Extension
- 1:00** Pre-K Extension Parent Pick-Up



\_\_\_\_\_

Email

\_\_\_\_\_

Phone [ ] Texting Ok?

\_\_\_\_\_

Address (If different from above)

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

Zip

[ ] I am interested in being a parent volunteer or substitute on an "as needed" basis

**Siblings**

\_\_\_\_\_

Name

\_\_\_\_\_

Age

\_\_\_\_\_

Gender

\_\_\_\_\_

Name

\_\_\_\_\_

Age

\_\_\_\_\_

Gender

\_\_\_\_\_

Name

\_\_\_\_\_

Age

\_\_\_\_\_

Gender

What language is primarily spoken at home? \_\_\_\_\_

How did you hear about our preschool? \_\_\_\_\_

What are you most wanting your child to gain from their preschool experience? \_\_\_\_\_

**SOCIAL/EMOTIONAL INFORMATION**

Has your child previously attended preschool? [ ] Yes [ ] No

If so, where? \_\_\_\_\_

Which elementary school will your child most likely attend? \_\_\_\_\_

What year will your child most likely attend Kindergarten? \_\_\_\_\_

Is your child right or left handed? \_\_\_\_\_

What are some of your child's favorite toys, games, interests and activities? \_\_\_\_\_

What is your child's favorite color? \_\_\_\_\_

Does it bother your child to have their hands dirty, or full of paint? \_\_\_\_\_

Do you anticipate any separation anxiety at first? \_\_\_\_\_

Does your child have any fears that we should know about? \_\_\_\_\_

Do loud noises bother your child? \_\_\_\_\_

Preferred discipline method at home? \_\_\_\_\_

**PRESCHOOL READINESS**

Is your child able to:

- Use the bathroom independently?
- Socialize and communicate with peers verbally rather than physically?
- Sit and listen to a story for 5-7 minutes?
- Be away from you for a few hours?
- Work on a project, somewhat independently for 3-5 minutes?
- Follow along and participate in group activities?

If you answered "no" to any of the above, please set up a time to meet with the Preschool Director before your child begins our program.

Please share anything else we should know about your child. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In case of emergency we will contact Parent/Guardians in the order listed.

**Primary Contact**

\_\_\_\_\_  
Name phone number

**Secondary Contact**

\_\_\_\_\_  
Name phone number

**Alternate Contact** (if neither parent/guardian can be reached)

\_\_\_\_\_  
Name phone number

**MEDICAL INFORMATION**

Do you have insurance? [ ] Yes [ ] No If "yes", with whom? \_\_\_\_\_

Subscriber's Name \_\_\_\_\_ Group Number \_\_\_\_\_

Family Doctor \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Do you give First Pres Preschool teachers permission to call 911 or take your child to the Emergency room if your emergency contact cannot be reached? [ ] Yes [ ] No

Allergies or intolerances, including the severity: \_\_\_\_\_

\_\_\_\_\_

Do your child's allergies require an epipen? \_\_\_\_\_

*First Pres Preschool does not administer medication without written permission, under emergency circumstances.*

Other physical or mental conditions, special needs or limitations? \_\_\_\_\_

Is your child be treated for this condition? \_\_\_\_\_

May we contact the person treating your child if we have questions? \_\_\_\_\_

Person's name \_\_\_\_\_ Phone \_\_\_\_\_

Anything else regarding your child's physical, mental or emotional health that you feel is important to tell us, please use the space below:

**APPROVED PICK-UP INFORMATION**

The following people are approved to pick up my child:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

*Please let us know if there is anyone we should be aware of that should NOT pick up your child from preschool.*

**CANCELTION POLICY**

Families who are unable to keep their academic year commitment must give notice by Aug. 1st or they will be held accountable for their first month's tuition payment.

**FINANCIAL INFORMATION**

First Pres Preschool operates as a self-supporting ministry of First Presbyterian Church. It is financed by your yearly tuition which is paid over 9 months. We depend on your prompt payment in order to meet our expenses and to keep tuition rates as low as possible.

Tuition is due by the 5th day of every month. Who will be responsible for the tuition? \_\_\_\_\_

- I understand if payment is overdue by 2 months, my child will have to stay home until tuition is paid.
- I understand that the \$75.00 registration fee is non-refundable.
- I understand that a minimum of one months' notice must be given before withdrawing a child from preschool or another month's tuition must be paid.

**ENROLLMENT INFORMATION**

- Admission will not be limited by reason of racial, national, or religious background.
- Termination of enrollment will occur upon:
  - The withdrawal of the child by parent or guardian.
  - By action of the teacher/director upon a determination that continued attendance is not mutually beneficial to the child and/or the preschool.

\_\_\_\_\_  
Signature of Parent/Guardian #1 date

\_\_\_\_\_  
Signature of Parent/Guardian #2 date

**FAMILY DIRECTORY RELEASE**

I give my permission to include the following contact information in our Families Only Directory:  
(Please fill in only the information you would like shared with other families.)

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

\_\_\_\_\_  
Email Phone

\_\_\_\_\_  
Address State Zip

\_\_\_\_\_  
Name Parent/Guardian #1 Name Parent/Guardian #2

\_\_\_\_\_  
Signature of Parent/Guardian date

**PHOTO/MEDIA RELEASE**

Please sign below if you give First Presbyterian Church Preschool permission to use your child's picture in social media or publicity for the preschool. We will not include their name with their picture.

\_\_\_\_\_  
Signature of Parent/Guardian date