

(office use only)  
 Date Received: \_\_\_\_\_  
 Enrollment Fee: \_\_\_\_\_



# Chapel Hill Preschool

PO Box 829 Gig Harbor, WA 98335 | 253-853-0234

## Application for Enrollment 2017–2018

Please complete this form in full for each child applying for enrollment. Children should have reached the listed age by August 31. Indicate class preference below. *Mark first and second choice if appropriate.*

<u>9:00-12:00 (3 hour day)</u>			<u>PreKindergarten–Four Day (4s and 5s)</u>		
_____ 2s	T, W	\$1,850	_____ PK	M-Th 3 hour/day	\$3,200
_____ 3s	T, W	\$1,800	_____ PK	M-Th 4 hour/day	\$3,900
_____ 3s	T,W,Th	\$2,500			
_____ 3s	M,T,W	\$2,500			

- ⇒ Prices are for the 10 month period (36 weeks). You may pay in ten monthly installments beginning in August.
- ⇒ Family discounts are 10% of the lower tuitions. Partial scholarships may be available. Ask for the separate assistance form.

**Enrollment fee (not refundable):**  
 Current family \$75 (multiple children \$100) New family \$100 (multiple children \$125)

Child's Name \_\_\_\_\_ M F Date of Birth \_\_\_\_\_  
Last First Middle Expect to enter Kindergarten in Sept: 2018 2019 2020 (circle year)

Father/Stepfather/Guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ Work Phone \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_  
City State Zip

Mother/Stepmother/Guardian: \_\_\_\_\_ Home Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_  
 Address: \_\_\_\_\_ (If different from above) Work Phone \_\_\_\_\_  
 \_\_\_\_\_ E-mail \_\_\_\_\_  
City State Zip

With whom does the child reside? Both parents? \_\_\_\_\_ Mother? \_\_\_\_\_ Father? \_\_\_\_\_ Guardian? \_\_\_\_\_

Who has permission to pick up your child? Both parents? \_\_\_\_\_ Mother? \_\_\_\_\_ Father? \_\_\_\_\_ Other? \_\_\_\_\_  
 Others authorized to pickup your child:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Who is responsible for tuition and fees? Both parents? \_\_\_\_\_ Mother? \_\_\_\_\_ Father? \_\_\_\_\_ Guardian? \_\_\_\_\_  
 Name of church attending \_\_\_\_\_ Member? Yes \_\_\_\_\_ No \_\_\_\_\_

How did you hear about Chapel Hill Preschool? \_\_\_\_\_



# Chapel Hill Preschool Parental Agreement

## ***Mission Statement:***

As ministry of Chapel Hill Church, Chapel Hill Preschool seeks to develop a love of learning in pre-school age children. We accomplish this through a classroom that is Christ-centered and provides for their social, emotional, physical, intellectual and spiritual needs.

## **Our goals:**

- To challenge children to explore the world around them, discovering for themselves the wonder of God's creation.
- To help children express their ideas and concerns in emotionally healthy ways and to appreciate the ideas and feelings of others.
- To provide children the opportunity to develop as a unique person and at their own pace, cultivating the understanding that they are special to God— loved, and uniquely gifted.
- To promote both fine and gross motor development.
- To assist parents in the Christian nurture of their children.

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**1. *Philosophy:*** We understand the mission statement and goals of Chapel Hill Preschool and by signing this parental agreement, do pledge to support and cooperate at home and at school to enhance and fulfill these goals.

**2. *Parental involvement:*** We understand that the aims of the school cannot be fulfilled without parental involvement. This involvement shall include, but not be limited to, reading information sent home from the school, communication with our child's teachers, and attendance at school functions and parent meetings.

**3. *Liability:*** We release Chapel Hill Preschool and Chapel Hill Presbyterian Church from all liability, except negligence, while our child is under school care and responsibility.

**4. *Placement:*** We understand that the school has full discretion in the class placement of our child and pledges to work closely with parents in this placement.

**5. *Financial agreement:*** We agree to fulfill all financial obligations promptly. We understand that the tuition payment is due on the 10th of each month and if the full payment is not in the school office by the 15th of each month, a late charge of \$25.00 may be added to our account. We also agree that registration fees are non-refundable. Any check returned by the bank to Chapel Hill Preschool will result in a \$25.00 charge to our account.

**6. *Withdrawal:*** Thirty day notice of anticipated withdrawal is required in order to obtain a refund of prepaid tuition. Refunds consist of any tuition that has been paid beyond the thirty day notice and are based on a daily rate. No refunds will be given after April 1, 2018.

**7. *Toileting Assistance:*** The Preschool staff will assist your child with toileting, including diaper changes, wiping, and clothing changes as needed unless you direct otherwise.

**We have read this agreement carefully and hereby agree to the terms.**

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date