



Enrollment Date: _____

Information Update Only: _____

Tolt Good Neighbor Preschool

PO Box 447

4851 Tolt Avenue, Carnation, WA 98014

finance@toltucc.org • www.toltucc.org/preschool

Registration Form

Child: _____ Birthdate: __/__/__ Sex: M__ F__

Child's Address: _____

Full name of Mother: _____ Email _____

Mother's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Full name of Father: _____ Email _____

Father's Address: Same _____

Home Phone: _____ Work Phone: _____ ext. ____ Cell Phone: _____

Place of work: _____ Hours: _____ Contact 1st

Please list names and ages of other people living in your household:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Child's Name _____

Registration Fee & Waiting List

There is a registration fee of \$100. This covers the cost of supplies during the school year. A spot will not be reserved for your child until this fee has been received. If there is no more space in our class, your registration will be returned to you and your child will automatically be entered on our waiting list.

Parent/Guardian Signature: _____ Date: _____

Tuition and Schedule

Classes meet Monday through Thursday from 9am to 12pm. Doors will be opened promptly at 9am. Yearly tuition is \$4,000. This fee is divided into 10 monthly payments of \$400 (September – June.) Tuition can be paid via cash, check or Venmo. Checks should be made out to **ToIt UCC**. Venmo can be paid using the following QR code. All payments need to reference TGNP. Tuition needs to be paid by the first of the month. Any late tuition will incur a 10% late fee.



venmo

Parent/Guardian Signature: _____ Date: _____

Emergency Contacts

Minimum 2 contacts, other than parents, to contact in case of emergency/authorized to pick up child:

1. Name: _____ 2. Name: _____

Relationship to child: _____ Relationship to child: _____

Home Phone: _____ Home Phone: _____

Cell or Work Phone: _____ Cell or Work Phone: _____

Child's Name _____

Other Person(s) Authorized to pick up child:

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Name: _____ Relationship _____ Phone: _____

Child's Health Information and History

Health Plan _____ Group#: _____ ID#: _____

Child's Doctor: _____ Phone: _____

Are your Child's immunizations up to date? Yes () No ()

Note: attach a copy of immunization record.

If not up to date, please explain: _____

Does child have any known health problems? Yes () No () (If yes attach documentation)

Does your child get colds/flu often? _____

Does your child have any special needs, a family service plan, or an IEP? _____

Please list any serious current or prior injuries: _____

Does your child have any know allergies? Yes () No () If yes, what are they and what are your child's reactions:

Child's Name _____

Does your child take any medication on a regular basis? Yes () No () If yes please list the name of the medication(s) and the medical condition for which it is taken:

Does your child have any speech, hearing or visual problems? Yes () No ()

Has your child ever been tested for the above? Yes () No ()

Please comment on any other medical information/or special needs the child care provider should be aware of:

Consent to Medical Care and Treatment of Minor Children

I give permission that my child, _____, may be given first aid/emergency treatment by a qualified staff member.

Parent/Guardian Signature: _____ Date: _____

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed by a licensed physician, health care provider, hospital or an EMT when deemed necessary. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Child's Name _____

Additional information, notes or agreements made between this program and parents or guardians:

Referral Sources: (Please circle all that apply)

ADVERTISEMENT

Drive-by Sign

Website/Facebook/Other

Flyer

Newspaper

Event-

REFERRAL

Parental Referral:

Center Referral:

Friend/Neighbor:

Subsidy Program Referral

USDA Food Program Referral