**Gloria Dei Lutheran Preschool**

1515 Harrison Ave. NW Olympia, WA 98502

 360-357-7634

 preschool@gloriadeiolympia.org

 **September 2024-June 2025**

 **Classes Offered:**

**![C:\Users\User\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\572XEOXJ\MC900139533[1].wmf]()**

**Monday/Wednesday/Friday: (4 to 5 ½ year olds)**

** Zebras**  8:30-11:30am

 **Giraffes** 12:30-3:30pm

**Tuesday/Thursday/Friday**: **(4 to 5 ½ year olds)**

 **Jaguars** 8:45-11:45am

**Enrichment Add-On:**

 **T/TH PM** 12:30-3:30pm

**M-F All Day: (4 to 5 ½ year olds)** 8:30-3:30pm (including Lunch Bunch)

Tuition is $258 per month for 10 months Enrichment is $185 per month

Tuition is $1,194 per month for M-F all day (including Lunch Bunch)

*Your child needs to be 4 years old by August 31st, 2024 to enroll in one of the above classes.*

**Monday/Wednesday**: **(3 to 4 ½ year olds)**

 **Toucans** 8:45-11:15am

**Tuesday/Thursday: (3 to 4 ½ year olds)**

 **Dolphins** 9:00-11:30am

**Enrichment Add-On:**

 **Friday** 9:00-11:30am

 Tuition is $210 per month for 10 months Enrichment is $105 per month

 *Your child needs to be 3 years old by August 31, 2024 to enroll in one of the above classes.*

 *Your preschooler also needs to be potty trained by the first day of school.*

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**Tuesday/Thursday: (2 to 3 ½ year olds)**

 **Bunnies** 9:00-11:00am

 **Wednesday/Friday: (2 to 3 ½ year olds)**

 **Butterflies** 9:00-11:00am

**Enrichment Add-On:**

 **Friday** 9:00-11:00am

Tuition is $205.50 per month for 10 months Enrichment is $100 per month

*Your child needs to be 2 years old by August 31, 2024 to enroll in one of the above classes.*

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**Registration Fee:** A one-time $125.00 **non-refundable** registration fee is due with the registration packet.

There is a 10% discount on tuition for any family that has a second child enrolled in the program during the same school year or if one child is attending more than one session.

*Bible Verse: “Let the little children come to me, and do not hinder them, for the kingdom of God belongs to such as these…” Mark 10:13*

Class Registering For:

 **Jaguars (4-5 ½ years) Toucans (3-4 ½ years) Bunnies (2-3 ½ years)**

T/TH/F AM M/W AM T/TH AM

 **Zebras (4-5 ½ years) Dolphins (3-4 ½ years) Butterflies (2-3 ½ years)**

 MWF AMT/TH AM W/F AM

 **Giraffes (4-5 ½ years)** **Enrichment**   **Enrichment (2-3 ½ years)**

 MWF PM F AM M AM

  **Enrichment**

 T/TH PM

Student Registration Form 2024-2025

#### Child’s Name: Click or tap here to enter text.

#### AddressClick or tap here to enter text.

#### Home Phone NumberClick or tap here to enter text.

**Child’s Birthdate**Click or tap here to enter text. Male Click or tap here to enter text. Female Click or tap here to enter text.

 (month/day/year)

#### Name of Mother, Father &/or Legal Guardians:

#### Click or tap here to enter text.

Address *(if different from above)*: Click or tap here to enter text.

Email Address: Click or tap here to enter text.

Mother’s Employer: Click or tap here to enter text.

Phone #’s: Work Click or tap here to enter text. Cell Click or tap here to enter text.

Father’s Employer: Click or tap here to enter text.

Phone #’s: Work Click or tap here to enter text. Cell Click or tap here to enter text.

How did you hear about our preschool? Click or tap here to enter text.

For Office Use Only

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ First Day of Class: \_\_\_\_\_\_\_\_\_\_\_\_

Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount of Check: \_\_\_\_\_\_\_\_\_\_\_\_

### Medical Emergency Information

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Name of 2 local relatives or friends to contact in case of an emergency:

1. Name: Click or tap here to enter text.

 Relationship: Click or tap here to enter text.

 Phone #:Click or tap here to enter text.

1. Name: Click or tap here to enter text.

 Relationship: Click or tap here to enter text.

 Phone #: Click or tap here to enter text.

In an emergency or illness, the persons listed above would be called during school hours if the preschool is unable to reach the parents or legal guardian. Photo ID will be requested of new people picking up your child(ren).

Name of Child’s Physician: Click or tap here to enter text.

Phone #: Click or tap here to enter text.

**Consent to Medical Care and Treatment**

**I hereby give permission that my child,** Click or tap here to enter text.**, may be given emergency treatment to include first-aid and/or CPR by qualified preschool staff at Gloria Dei Lutheran Preschool. I also authorize and consent to medical, surgical or hospital care for my child when I cannot be contacted.**

**Signature of Parent or Legal Guardian:** Click or tap here to enter text.

**Date:** Click or tap here to enter text.



### Gloria Dei Lutheran Preschool – Additional Information

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**Promotional or Quote Permission**

Click or tap here to enter text. **Yes,** I give...

Click or tap here to enter text. **No**, I **do not** give...

 (Initial) (Initial)

permission to Gloria Dei Lutheran Preschool to use my child’s name, picture or quote in any promotional publications such as their website, newsletters and/or brochures.

 Click or tap here to enter text. **Yes,** I give...

 Click or tap here to enter text.**No**, I **do not** give...

 (Initial) (Initial)

permission to Gloria Dei Lutheran Preschool to print our contact information in the school Directory.

**Names of individuals authorized to pick up your child from preschool**

|  |  |  |
| --- | --- | --- |
| **Name** | **Relationship to Child** | **Phone #’s** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

(Photo ID may be requested if someone new is picking up your child)

 **Name of your family’s church:** Click or tap here to enter text.

### Gloria Dei Lutheran Preschool– Additional Information

**Financial Assistance:**

Financial assistance is available for the 3 and 4 year old classes. If you are requesting financial assistance for tuition, please check the box and explain on the lines below what your financial need is. The Preschool Director will contact you before the school year begins and let you know what percentage of your tuition amount will be covered by the Tuition Assistance ProgramClick or tap here to enter text.

**Volunteers:**

 If you are planning on volunteering in the classroom during the school year, complete this portion. This information will be entered in the Washington State Patrol Website. The information we receive back tells us if a volunteer has a criminal conviction record.

Name of Volunteer: Click or tap here to enter text.

Alias/Maiden Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Signature: Click or tap here to enter text.

Name of Volunteer: Click or tap here to enter text.

Alias/Maiden Name: Click or tap here to enter text.

Date of Birth: Click or tap here to enter text.

Signature: Click or tap here to enter text.

***Thank you.***

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**“Getting to Know Your Child”**

**Child’s Name:** Click or tap here to enter text.

Name(s) and Age(s) of Siblings: Click or tap here to enter text.

Names and types of family pets: Click or tap here to enter text.

What activities and /or toys does your child enjoy at home? Click or tap here to enter text.

Are there any fears or concerns your child may have? Click or tap here to enter text.

Has your child attended another preschool or childcare center?Click or tap here to enter text.

 If so, name of preschool or center: Click or tap here to enter text.

 Reasons for leaving: Click or tap here to enter text.

What is the primary language spoken at home? Click or tap here to enter text.

What do you hope your child will learn or gain this year at preschool? Click or tap here to enter text.

List any comments or concerns about your child’s development – feel free to use the back of this form:

Click or tap here to enter text.

Please indicate any health concerns: Click or tap here to enter text.

**If there is an extreme allergy to food of any kind, you must fill out an additional allergy form and meet with the director prior to the beginning of school.**

Is your child currently taking any medications? Click or tap here to enter text. If so, what? Click or tap here to enter text.

**Signature of Parent or Legal Guardian:** Click or tap here to enter text.