

925 N. Forest St.
Bellingham, WA 98225
(360) 734-7180
www.centrallutheran.net

Date Enrolled _____
Amount _____
Check No. _____

KIDS' CENTRAL PRESCHOOL REGISTRATION FORM 2010-2011

Child's Full Name _____

Name Child Goes By/Nickname _____ M _____ F _____

Date of Child's Birth _____ Home Phone _____
month/date/year

Physical Address _____
street address city, zip code

Mailing Address _____
mailing address city, zip code

Primary Guardian _____
(Guardian with whom the child lives the majority of the time.)

Email _____ Relationship _____

Place of Business _____ Occupation _____

Work Address _____

Daytime Phone _____ Cell _____

Secondary Guardian _____

Address (if different from child's) _____
street address city, zip code

Email _____ Relationship _____

Place of Business _____ Occupation _____

Work Address _____

Daytime Phone _____ Cell _____

I am registering for:

Tues./Thurs. Preschool <i>(3-years-old on or before Aug. 30th, 2010)</i> 9:30am-12:00pm \$90/month _____ T/Th 9:30am-12:00pm	Mon./Weds./Fri. Kindergarten Prep <i>(4-years-old on or before Aug. 30th, 2010)</i> 9:30am-12:30pm \$120/month _____ M/W/F 9:30am-12:30pm
---	--

***Please note: Children must be the age of the class level on or before Aug. 30th, 2010
and must be toilet trained.***

Brothers _____

Sisters _____

Does your child speak when spoken to? _____

Speak clearly? _____

What language is spoken in the home? _____

What is your child's favorite color? _____

Is your child right or left handed? _____

Does your child have a favorite snack? _____

Social Information

Does your child interact with other children? _____

With whom? _____

Does your child share? _____

Does your child clean up? _____

Do you use "timeouts"? _____

Does your child have responsibilities at home? _____

If "yes", what? _____

Does your child take any lessons? (ex. Karate, Swim, Dance) _____

Does your child have any hobbies or something they really like? _____

Does your child go to the Library? _____

Have a favorite book? _____

Do you and your child read together? _____

How often? _____

General Information

Does your child know:

_____ Their full name

_____ Telephone Number

_____ Address

_____ Mom/Dad's Names

Can your child:

- | | | |
|---------------------------------|------------------------|--------------------------|
| _____ Blow their nose | _____ Use scissors | _____ Throw a ball |
| _____ Wash their hands | _____ Use a glue stick | _____ Jump rope |
| _____ Use the bathroom
alone | _____ Use paints | _____ Hula Hoop |
| _____ Write their name | _____ Use stamps | _____ Dance |
| _____ Tie their shoes | _____ Use markers | _____ Play an instrument |
| _____ Put on a coat | _____ Hop | _____ Do a puzzle |
| _____ Use dress-up clothes | _____ Skip | _____ Look at insects |
| | _____ Jump | _____ Sit quietly |

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

Spiritual Information

Do you or your child attend Church? _____ If yes, where? _____

Does your Church have a special affiliation? (eg. Lutheran, Baptist, Methodist) _____

Does your child go to Sunday School? _____ If yes, how often? _____

Are there any Holidays you do NOT celebrate? _____ If yes, which one/s? _____

Are there any holidays that you celebrate, and perhaps we do not? _____

If the above answer was “yes” would you be willing to share your holiday with our class? _____

Please use this space to write any additional information about your child that will help us in the education, socialization, and characteristics of your child.

Financial Information

Are there any circumstances not permitting you to pay your tuition on the first of each month?

Who will be responsible for the tuition? _____

If payment is overdue by 2 months I understand my child will have to stay home until tuition is paid. **I understand that the \$40.00 registration fee is non-refundable.**

Signature of guardian

Please make all checks payable to: **Kids' Central Preschool**