



*Located on the Campus of Gold Creek Community Church  
4326 148<sup>th</sup> St. SE, Mill Creek, WA 98012 ~ (425) 931-8092 ~ Fax (425) 316-3335*

Thank you for your interest in *Kids at the Creek Preschool*. Our staff is committed to providing a great educational and social experience for each child. This is going to be a great place to start your child's education!

Your child will enjoy making friends and learning in our creative classroom environment. We will provide appropriate physical activity to stimulate their interest in gross motor activity in our gym or our outdoor playground. Our extracurricular events will give you the opportunity to meet other families in our community while providing the children with large group social activities. It will be a great year, full of fun, learning and unconditional love.

Thank you for considering us to be a part of your extended family. We consider it a privilege to partner with you in the care and education of your precious child.

Liz Wynn, Director

Tanya Edwards, Director

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## REGISTRATION AND ADMISSION PROCEDURE

1. Complete and return one set of all forms for each child you are registering for our program. Include each student's registration fee of \$175. This non-refundable fee covers initial processing, classroom set-up expenses and \$100 toward your first month's tuition. The \$100 tuition fee is only refundable if you withdraw from the program prior to August 1, 2010. We are unable to consider any application without a fee attached.
2. Once the paperwork is completed we will review the paperwork and answer any additional questions you may have. You will receive written confirmation of your child's enrollment within one to two weeks.

USE THIS CHECKLIST FOR YOUR CONVENIENCE.

**A. Complete and Return the following forms to begin the registration process:**

- Application for Admission
- About Your Child
- Health History
- Family and Friends
- Emergency Information
- \$175 registration fee and tuition deposit.
- Parent Guidelines and Agreement
- Immunization Record (prior to first day of school)

**Be sure to thoroughly read and review your parent handbook!**



Application received on (date/time) \_\_\_\_\_

Received by (name): \_\_\_\_\_

Registration Fee (amount/check no.) \_\_\_\_\_

Application No.:

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APPLICATION FOR ADMISSION – 2010-11 SCHOOL YEAR

DIRECTIONS: THIS FORM IS TO BE COMPLETED BY THE CHILD'S PARENT/GUARDIAN

A non-refundable fee of \$175.00 per student is required with this application.

Student's Name \_\_\_\_\_
Home Address: \_\_\_\_\_
Home Phone: \_\_\_\_\_
Date of Birth: \_\_\_\_\_
Child Lives with: \_\_\_\_\_

Please note: Students must be potty trained.

I would like my child to attend: (please rate your preference) 1st choice/2nd choice

- PRE-K Program - 4 & 5 year olds (9:00-11:30 am or 12:30-3:00 pm)
Monday/Wednesday/Friday ~ Morning (must be 4 years old by 9/1/10) \$195/Month
Monday/Wednesday/Friday ~ Afternoon (must be 4 years old by 9/1/10) \$195/Month
Monday-Friday – 5 day Morning (must be 4 years old by 9/1/10) \$330/Month
Monday-Friday – 5 day Afternoon (must be 4 years old by 9/1/10) \$330/Month

- PRESCHOOL – 3 & 4 year olds (9:00-11:30 am or 12:30-3:00 pm)
Tuesday/Thursday ~ Morning (must be 3 years old by 9/1/10) \$145/Month
Tuesday/Thursday ~ Afternoon (must be 3 years old by 9/1/10) \$145/Month
Monday/Wednesday/Friday Mornings (must be 3 years old by 9/1/10) \$195/Month
Monday/Wednesday/Friday Afternoons (must be 3 years old by 9/1/10) \$195/Month

January Programs

- LITTLE 3's
Tuesday/Thursday – Mornings (must be 3 by 1/1/2011) 9:15-11:15 am \$130/month
TINY 2's
Monday/Wednesday – Mornings (must be 2 by 9/1/2010) 9:15-11:15 am \$130/month

Parent/Guardian #1: \_\_\_\_\_
Home Address: \_\_\_\_\_
Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Parent/Guardian #2:** \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Is English your first language? \_\_\_\_\_ Yes \_\_\_\_\_ No

If No, what language(s) is spoken in your home? \_\_\_\_\_

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**IMMUNIZATION REQUIREMENTS:**

Washington State law requires that all children have a complete Certificate of Immunization Status form on file at school. Kids at the Creek Preschool complies with the standards of the Washington State Department of Health relating to immunization of school children. All students must meet the minimum immunization requirements for school attendance. It is noteworthy that the *minimum vaccine requirements* and the *recommended vaccine schedule* differ significantly. Please seek the advice of your health care provider in order to maintain current protection for your child.

Your child may be exempt from certain immunizations for medical, personal or religious reasons. The Certificate of Immunization Status form provides space to document a medical exemption requiring a physician's signature. Personal or religious exemptions require a parent signature. There is also space to document immunity to measles, mumps, or rubella.

**A complete Certificate of Immunization Status form must be provided for your student on or prior to their first day of attendance at Kids at the Creek Preschool.**

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In which School district do you currently reside? \_\_\_\_\_

What is your child's prospective elementary school? \_\_\_\_\_

How did you hear about Kids at the Creek (KATC) Preschool?

\_\_\_\_\_  
\_\_\_\_\_

Form completed by (Please Print): \_\_\_\_\_

Signature

Date



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## TELL US ABOUT YOUR CHILD- NEW STUDENTS ONLY

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
Last First Middle

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

Does your child have any allergies? \_\_\_\_\_

\_\_\_\_\_

Does your child have any special fears or developmental challenges? \_\_\_\_\_

\_\_\_\_\_

Is he/she used to being separated from you? \_\_\_\_\_

What school has your child previously attended, if any? \_\_\_\_\_

We embrace children with all learning styles and personalities. In order to help us know and understand your child, please describe his/her temperament (high energy/calm, outgoing/shy, strong-willed/agreeable, set-routine/adaptable, sensory threshold). Are there any situations which have caused him/her difficulty in the past? Are there any developmental issues that you are aware of?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you would like to tell us about your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Father/Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



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### YOUR CHILD'S HEALTH HISTORY

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First Middle

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Has your child had any of the following:					
<input type="checkbox"/>	Allergies	<input type="checkbox"/>	Asthma/Wheezing	<input type="checkbox"/>	Chicken Pox
<input type="checkbox"/>	Frequent Colds	<input type="checkbox"/>	Colic	<input type="checkbox"/>	Constipation
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Rash/Skin Irritation	<input type="checkbox"/>	Diarrhea
<input type="checkbox"/>	Ear Infections/Aches	<input type="checkbox"/>	Eczema	<input type="checkbox"/>	Eye Infections
<input type="checkbox"/>	Febrile Seizures	<input type="checkbox"/>	High Fevers	<input type="checkbox"/>	Sinus Infections
<input type="checkbox"/>	Convulsions	<input type="checkbox"/>	Freq. Sore Throats	<input type="checkbox"/>	Lice
<input type="checkbox"/>	Ringworm	<input type="checkbox"/>	Stomach Upset	<input type="checkbox"/>	Urinary Issues
<input type="checkbox"/>	Mumps	<input type="checkbox"/>	Impetigo	<input type="checkbox"/>	Scarlet Fever
<input type="checkbox"/>	Strep Throat	<input type="checkbox"/>	Other _____	<input type="checkbox"/>	Other _____

Please list the sources of any **ALLERGIES** or other illnesses not listed above- (please explain)

\_\_\_\_\_

Does your child have any distinguishing features or birthmarks?  Yes  No

Please explain:

\_\_\_\_\_

If your child were injured or taken ill while at Kids at the Creek Preschool, what would you like us to do? Please state in detailed order what you would like done, persons called and list on the Emergency Information Form as well.

\_\_\_\_\_

Name of person completing form: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### YOUR CHILD'S EMERGENCY INFORMATION

(In the event of an emergency, this card will be provided to emergency medical personnel)

Child's Name \_\_\_\_\_  
Last First Middle Date of Birth

**Mother/Guardian #1** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_  
**Father/Guardian #2** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Work Phone \_\_\_\_\_

Please list, in order of preference, relatives or friends who will assume temporary responsibility if parents cannot be reached:

Name/Relationship _____	Phone _____
Name/Relationship _____	Phone _____
Name/Relationship _____	Phone _____

Known allergies or reactions to any medicines \_\_\_\_\_

**EMERGENCY CONSENT:** I hereby give permission that my child may be given emergency treatment by a qualified staff member at Kids at the Creek Preschool at Gold Creek Community Church. I also give permission for my child to be transported by an ambulance or aid car to an emergency treatment center for medical treatment. In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard the child's health. I hereby release Kids at the Creek Preschool / Gold Creek Community Church, their employees, directors, volunteers and agents from any and all liability, expense (medical, ambulance, etc.) arising out of their reasonable efforts to provide emergency medical care for my child. I further agree to take sole financial responsibility for any medical services rendered to my child which are not provided for by personal medical insurance programs.

Father/Mother/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
(You may attach a copy of your child's health insurance coverage if desired)



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### YOUR CHILD'S FAMILY AND FRIENDS

Child's Name: \_\_\_\_\_  
Last First Middle

<b><u>FAMILY BACKGROUND</u></b>		
Parents/Guardians are:	<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Mother Remarried <input type="checkbox"/> Father Remarried <input type="checkbox"/> Other (explain) _____	
<i>If your child is living with both parents, skip to the next section. If your child is not living with both parents,</i> a) Please explain the custodial arrangements:		
If one parent is not allowed to have contact with the child, please provide us with appropriate documentation, i.e. copies of court order, etc.		

List all other members living in the household:		
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age
_____	_____	_____
Name	Relationship	Age

Are there any special family situations that we should be aware of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Individuals Authorized to Pick Up My Child

## 1. Who will pick up your child the majority of the time?

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

The following individuals are allowed to pick up my child.

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone: \_\_\_\_\_

Please contact the Preschool office if you would like to authorize individuals not listed on this form to pick up your child.

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

STUDENT NAME \_\_\_\_\_





## 2010-2011 Parent Guidelines and Agreement

As a parent of \_\_\_\_\_(child's name) enrolled in Kids at the Creek (KATC) Preschool, I understand my responsibility to my child's school and willingly agree to the expectations outlined below and included, but not limited to, the parent handbook.

**By signing this agreement, I acknowledge that I understand the English language, have read this agreement and the parent handbook and I agree to abide by the terms set forth.**

Parent/Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

Permission is granted for my child to be included in routine evaluations. As part of this program, permission is granted for observation of children and teachers by Early Childhood Specialists to provide feedback about ways to improve the environment, the daily program, activities and experiences. General group information collected in this quality enhancement program may be used for reporting and grant application purposes.

YES  NO

I hereby grant permission for Kids at the Creek Preschool/Gold Creek Community Church Ministries to take photos of my child and to use his/her photo or quotations in school promotional materials. No personal information will be published in promotional materials without express consent of the parents.

YES  NO

I give my permission for Kids at the Creek to publish my phone number and address in the student body directories.

YES  NO

I grant permission for my child to use all playground equipment and participate in all preschool activities, including field trips off of school grounds, provided that I am notified in advance. I understand that in the event of an emergency, the school and its employees and agents will call emergency services and contact me as soon as possible. I give consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve my child's life or health. I understand that I am responsible for all medical transportation, rescue and other related expenses incurred on behalf of my child.

Your child's safety is our number one priority. Our staff may request information from you and other authorized parties to verify identity and ensure the safe pick up/delivery of your child to preschool. As parent/guardian of your child, we expect you to relay our policies to others who may interact with our staff on behalf of your child (daycare providers, relatives, etc.)

**FINANCIAL POLICIES:**

**First month and May tuition are due on or before the first day of school.** Tuition not received in the office by the 5th of the month will be assessed a \$20.00 late charge, no exceptions, unless prior arrangements have been made with the Director. A fee of \$20.00 will be charged for NSF (non-sufficient funds) checks, plus a late fee. Payments may be made on-line, dropped off in our tuition box in the office, mailed to the school or given to the Director. **DO NOT GIVE PAYMENTS TO THE CHILD'S TEACHER.**

Charges for frequent late pick-ups will be assessed and added to your account. (\$5 will be assessed for every 10 minute interval.) Parents are responsible for late charges even if your daycare provider or other authorized adult is late.

***A minimum of two weeks written notice is required to withdraw from the program.***

**LEGAL POLICIES**

I release and agree to hold harmless, defend and indemnify, the school and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of the school) that the child or the parent may suffer as a result of the child's participation and/or enrollment at the preschool.

INITIAL \_\_\_\_\_

I understand that all disputes related to this Agreement or enrollment at Kids at the Creek Preschool shall be resolved by binding arbitration. The parties may agree to mediate prior to arbitration in accordance with the following terms. Mediation and arbitration shall be before a mutually acceptable person who is a practicing attorney with a minimum of ten years experience or a retired judge. In the event that the parties cannot agree on such person, each shall appoint a qualified person and the two shall agree on a third qualified person to be the sole mediator or arbitrator. The arbitrator need not be the same person as the mediator. The parties hereby incorporate, and the arbitration shall follow, the procedures of Chapter 7.04 RCW. Additionally, the arbitrator shall have the authority to order such discovery, by way of deposition, interrogatories, document production, or otherwise, as the arbitrator considers necessary to full and fair exploration of the issues in dispute, consistent with the expedited nature of arbitration. The laws of the State of Washington shall govern. The parties shall evenly split the costs of both mediation and arbitration.

INITIAL \_\_\_\_\_

The preschool does not discriminate in the admission of students based on race, color, national origin, sex, age or disability, as required by federal and state laws to the extent applicable to the preschool. KATC Preschool reserves the right to modify, supplement, rescind or revise any policy, benefit or provision at any time, with or without notice, as it deems necessary in its sole discretion.

If a conflict exists between this Agreement and a policy contained in the preschool's handbooks, manuals or written policies, this Agreement shall govern. The preschool cannot guarantee a student's eligibility for continued enrollment after his or her initial admittance at preschool.

INITIAL \_\_\_\_\_



## 2010-11 TUITION SCHEDULE

**\$100 of the \$175 registration fee may be applied to the first month tuition. September and May tuition are due prior to the first day of school.**

Tuition for Month of	DUE Date	2-Day Class	3-Day Class	5-Day Program
<b>Sept. 10</b>	<b>SEPT. 1</b>	<b>\$145</b>	<b>\$195</b>	<b>\$330</b>
Oct. 10	Oct. 1	\$145	\$195	\$330
Nov. 10	Nov. 1	\$145	\$195	\$330
Dec. 10	Dec. 1	\$145	\$195	\$330
Jan. 11	Jan. 1	\$145	\$195	\$330
Feb. 11	Feb. 1	\$145	\$195	\$330
March 11	March 1	\$145	\$195	\$330
April 11	April 1	\$145	\$195	\$330
<b>May 11</b>	<b>SEPT. 1</b>	<b>\$145</b>	<b>\$195</b>	<b>\$330</b>
June 11	May 20	\$72	\$97	\$165
<b>TOTAL</b>		<b>\$1,377</b>	<b>\$1,852</b>	<b>\$3,135</b>

Tuition is based upon actual number of class days including adjustments for holidays, in-service days and potential weather related closures. The total is divided equally over the nine and a half months school is in session.

A late fee of \$20 will be assessed for all payments received after the 5<sup>th</sup> of the month. Checks are accepted in the office. **NO CASH PLEASE.** Credit and debit card payments made be made at our website [www.kidsatthecreek.com](http://www.kidsatthecreek.com).