



In order to be registered for preschool:

- ☐ Fill out and return this packet with your non-refundable registration fee.
- ☐ If you have multiple children being registered, please fill out a packet for each student.
- ☐ All students must be fully potty trained: This means that your child can take care of their own toileting needs without using a pull-up. This includes recognizing the urge to go, undressing, dressing, cleaning themselves, and hand washing.

Please write legibly!

Child Enrolled: _____ Goes By: _____
 First Name **Middle** **Last Name** **(Name for cubby)**

Birthdate: _____ Age on Aug. 31: _____ Sex: Male / Female

Student's Address: _____ City: _____ Zip: _____

Parent 1: _____ Phone: _____

Email: _____

Parent 2: _____ Phone: _____

Email: _____

Non-Refundable Registration Fees:

☐ New Student - \$125 ☐ Returning Student - \$90 ☐ Family (2 or more students) - \$175

Preschool Program for 2025-2026 (Please check one box)

	Class	Times/Days	Cost/mo	Description
	3 Day Preschool	Mon / Wed / Fri 9am – Noon	\$225	<input checked="" type="checkbox"/> Must be 3 by August 31, 2025 <input checked="" type="checkbox"/> Must be fully potty trained
	5 Day PreK	Mon – Fri 9am – Noon	\$325	<input checked="" type="checkbox"/> Must be 4 by August 31, 2025 <input checked="" type="checkbox"/> Intend to start Kindergarten in Fall of 2026 <input checked="" type="checkbox"/> Previous preschool experience required

Office Use Only Registration Fee Paid: Date _____ ☐ Cash ☐ Check ☐ Credit Card
 Tuition Paid: ☐ Full Year (Discount Applied) ☐ Sibling Discount ☐ Scholarship Consideration

Referred by: _____

Preschool Class Descriptions

In all of our classes, we focus on development of Social-Emotional Skills, Fine Motor Skills, Handedness (left or right), Writing Readiness, Crayon/Pencil Grip, and a love of Jesus and who God created us to be. We strike a balance between free play, table time, play-based learning, and independent exploration. Our teachers are well-equipped to challenge students and encourage them to learn new skills and ideas every day. All students attend Chapel, PE, and Music classes.

The school is open to all children regardless of race, creed, color or national origin. However, the school is not equipped to handle children with excessive emotional, visual, speech, hearing or other severe handicaps. Children with particular needs can be assessed to determine that: 1) The child will benefit from our program. 2) The staff is able to meet the individual needs of the child. 3) There will be no adverse effect on the other children through direct behavior. 4) The child does not require extra staff assistance. (Taking time away from other students.)

Students must be completely potty trained. This means that your child can take care of all aspects of toileting without using a pull-up. This includes recognizing the urge to go, undressing, dressing, cleaning, and hand washing.

Our preschool program runs from the Tuesday after Labor Day until the Friday after Memorial Day. We typically followed the Yakima School District calendar for holidays, weather-related closures, and other breaks.

3 Day Preschool

Monday, Wednesday, Friday, 9:00 a.m. – 12:00 p.m.

Tuition: \$225/month

This class is designed for children age 3 or 4 who are ready to learn, with or without previous preschool experience. This class will focus on helping children prepare for Kindergarten or our Pre-Kindergarten class. Our skilled teachers build preschool knowledge: identifying and writing uppercase letters and numbers 0-20, knowing colors and shapes, identifying patterns, learning about science/social studies topics, and vocabulary building.

5 Day Pre-Kindergarten

Monday – Friday, 9:00 a.m. – 12:00 p.m.

Tuition: \$325/month

This class is designed for children who are 4 by August 31, who have previous preschool/daycare experience and intend to register for Kindergarten the next fall. Curriculum focuses on writing upper and lowercase letters, writing numbers and counting from 0-20, practicing letter sounds and beginning sight words, identifying rhyming words, recognizing patterns, and learning several science/social studies topics.

Kids Club

Kid's Club is an extended day enrichment program led by our preschool teachers for our current preschool students that runs from 12noon to 1pm each day. Each child brings their own cold lunch and a different focus each day that includes art, science, holiday themes, games, and more! We also have many special events throughout the year. Monthly membership and drop-in options are available. Registration opens in August at Parent Orientation.

Tuition Discounts and Financial Aid Options

Sibling Discount: For more than one child enrolled, a 10% discount will be given off the lowest paid tuition.

Pay-in-Full Discount: Pay in full by September 5, 2025 and receive a 3% discount on tuition.

PIF Amount: 5 Day = \$2,835 3 Day = \$1,965

Financial Aid: Scholarships are available to cover part of tuition. Volunteer hours will be required. Number of hours is based on the class your child is enrolled in. Scholarships are for tuition only; they do not cover registration fees, Kids Club, or field trips. For an application, please contact Becca Mailand.

TERMS OF ENROLLMENT

CHILD'S NAME: _____

I understand that...

- Fees for school year are calculated on an annual basis and divided evenly over nine months. Therefore, no fees or tuition will be prorated due to school closings for any reason, except in extreme circumstances decided by our preschool board and business manager.
- The school cannot take responsibility for school closings necessitated because of health, safety, inclement weather, holidays, or any other emergency that may arise.
- **I am responsible for paying the non-refundable registration fee in order for registration to be complete.**
- **I am responsible for returning all health, emergency and permission forms with this enrollment packet on or before parent orientation.**
- After being accepted into the program, I give my permission for my child to participate in all school activities.
- I am responsible for keeping all information up to date in regards to contact information and understand the importance of keeping the emergency contact information current.
- I do not hold the school responsible for any liability for allowing anyone authorized by me to pick up my child. My written authorization will remain effective until I notify the school in writing of its termination. I will notify the school in writing if I wish to add a new person to be authorized to pick up my child and agree that if circumstances prevent me from delivering an authorization in person, the school may rely on an authorization provided by me via email.
- I agree that I am responsible for any loss, damage or destruction by my child of any property of the school and/or church and for any damages for which the school and/or church becomes liable or chargeable because of my child's actions.
- I authorize the school to use my child's photograph or appearance in any advertising or other media.
- Anything observed in the classroom is to remain **confidential** and should not be discussed outside of the classroom. Any concerns about the classroom should be directed to the teachers first and then the Preschool Director, if necessary.
- The preschool may terminate my child's enrollment in the program if:
 - In the judgment of the Director and staff, the child's behavior threatens the physical or mental health of other children in the program;
 - Tuition payments are delinquent by two (2) months. A \$25 fee will be assessed for payments made after due date, and/or any electronic fund transfer that is denied, and/or any check that is returned due to non-sufficient funds.
 - In the judgment of the Director and staff, the program does not meet the developmental needs of the child, or there is insufficient registration.

I have read and agree to the above terms:

Parent(s) Signature _____ Date _____

Parent(s) Signature _____ Date _____

MEDICAL INFORMATION AND EMERGENCY CONTACTS

CHILD'S NAME: _____

Please check any medical concerns your child has and explain the nature of those concerns:

- ☐ Hearing Problems: _____
- ☐ Vision Problems: _____
- ☐ Allergies: _____
- ☐ Medications that will be kept and/or administered at school (Epi Pen, Inhaler, Etc)**
- ☐ Any other special medical needs? _____

*****If your child will have an Epi Pen, Inhaler, or other medication kept at school, we have additional medical release forms we need to be kept on file. Please discuss serious allergies, chronic illness, vision/hearing issues, etc with your teachers. Thank you!*****

Please attach a copy of your child's immunization record (it can be requested from your pediatrician or printed online through the DOH and MyIR) or an immunization exemption letter from your child's doctor or religious leader.

Child's Doctor/Clinic: _____ Phone: _____

EMERGENCY CONTACTS

Parent Name: _____

Place of Work: _____ Phone: _____

Parent Name: _____

Place of Work: _____ Phone: _____

If parents cannot be reached, whom may we call?

Name: _____ Phone: _____
(home) (cell)

Address: _____ Relationship: _____

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PARENTAL CONSENT

CHILD'S NAME: _____

Consent to Participate and Seek Treatment:

The undersigned parent(s) or guardian(s) do(es) hereby give permission for the child named above to participate in all activities of the church preschool program, including, but not limited to the following specific activities:

- To use playground and gym equipment
- To go on field trips when accompanied by a preschool or church staff member, including riding in APPROVED motor vehicles with parents who have passed a background check
- To be included in evaluations and pictures connected with preschool and/or church programs

Initial: _____

The undersigned further give(s) permission for any preschool or church staff member to take any steps deemed necessary by that person to obtain emergency medical care for the child, including but not limited to the following steps:

1. Attempt to contact a parent or guardian.
2. Attempt to contact a parent or guardian through any of the persons listed on the emergency information form.
3. If contact cannot be made by these steps, then any of the following steps are to be taken:
 - a. Call an ambulance
 - b. Have the child taken to an emergency hospital in the company of a staff member.

Initial: _____

The parent(s) or guardian(s) agree to pay all expenses incurred as a result of the preschool or church invoking the foregoing emergency steps.

Initial: _____

Parent(s) or guardian(s) further agree that the preschool and church will not be responsible for any results of false information given about the child at the time of enrollment.

Initial: _____

**AUTHORIZATION TO CONSENT TO TREATMENT OF MINOR
WHEN PARENTS OR LEGAL GUARDIANS ARE UNAVAILABLE**

The undersigned hereby authorize the **Staff of Yakima Grace Preschool** as our agent to give consent to surgical or medical treatment by any licensed physician or hospital in the State of Washington for our child, _____ (date of birth: _____), when such treatment is deemed necessary by such physician and we cannot be reached within a reasonable time, by reason of absence from the community, or otherwise.

Such consent may include, but is not limited to, administration of necessary anesthetics, medical treatment, tests, X-ray examinations, transfusions, injections, or drugs, and the performing of whatever operations may be deemed necessary or advisable. Further, consent is granted to said physician to exercise his discretion on authorizing the disposal of any severed tissue or members.

It is understood this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide the authority to consent thereto, as our said agent and my child's attending physician, in the exercise of their best judgment, may deem advisable.

This authorization shall remain effective until **August 31, 2026** unless sooner revoked in writing by the undersigned or at such time that the child's attendance at this preschool is terminated and preschool is so notified by the child's parent/guardian.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

PHOTO/VIDEO CONSENT FORM

CHILD'S NAME: _____

Photo & Video Consent:

We use photos and videos to give families/friends a glimpse of our preschool. We have a public Facebook page where we post updates and announcements. We also have a private FB page that we post to almost daily with pictures and information important to families. We also share photographs with Grace of Christ Church through their newsletter and Sunday slides, to keep the church up-to-date on what is happening in this ministry. Some events are recorded and photographed, including our Christmas Program, Spring Tea, and Graduation. Please note that if you do not consent to photos or video taken of your child, you will have to decide whether to allow the recording to happen or choose not to let your child participate in the event.

I give permission for photographs and/or video footage of my child be taken and used by Grace of Christ Preschool and/or Grace of Christ Presbyterian Church for (check all that you give permission for):

- ☐ Private Social Media (Facebook, Instagram, YouTube)
- ☐ Preschool Advertisements (flyers, social media, registration announcements, etc)
- ☐ Church Advertisements (newsletters, Sunday morning slides)

Parent/Legal Guardian Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____ Date: _____

YAKIMA GRACE PRESCHOOL

STUDENT INFORMATION

Child's Name: _____ Likes to be called: _____

Favorite Color is: _____ Uses RIGHT / LEFT (circle one) hand the most

Your child's favorite toy or game is: _____ Favorite Activity: _____

Do you have a regular church home? If so, where? _____

Language spoken at home?

What kind of pets do you have and what are their names?

What form of discipline is used at home? What calming method is used when your child is upset?

Other children in family:

Name	Age	School (if applicable)

Are there step-parents, grandparents involved in the child's life? Who does the child live with?

What past experiences does your child have with other groups of children?

Please comment on any specific dislikes or fears:

What do YOU see as the strengths and weaknesses of your child?

What are your goals for your child for this year of preschool?

Do you have any **concerns** about your child's ability to:

_____ Speak clearly/be understood by people who are not family members?

_____ Separate from you? _____ Interact with other children? _____ Control his/her behavior/emotions?

_____ Walk, run, jump or use large motor skills like other children his/her age?

_____ Other:

Does your child have special needs? Are these needs medical, physical, emotional, academic? If your child currently receives (or has received in the past) special services (PT, OT, etc) please list them as well.

Have you had your child's hearing and/or vision checked? If so, when and what were the results? Do you have any concerns in this area?

Are you willing to participate as a parent volunteer in the classroom? When are you available? Do you have a particular talent/interest that you would like to share?

How did you find out about our preschool or who referred you?

TUITION AGREEMENT

CHILD'S NAME: _____

Tuition Payments for the 2025-26 School Year

Monthly Tuition Amount: ☐ 5 Day/\$325 ☐ 3 Day/\$225

Discounts Applied: ☐ Paid in Full ☐ Sibling Discount

Agreement: This agreement establishes a financial agreement between the parent(s) or guardian(s) listed above and Grace of Christ Preschool. The parent(s) or guardian(s) will be responsible to pay tuition and fees in full to Grace of Christ Preschool according to the Registration and Tuition Schedule and this agreement.

Paid-In-Full Discount:

Pay in full by September 5, 2025 to receive a 3% discount on tuition. PIF Amount: 5 Day = \$2,835 3 Day = \$1,965

Sibling Discount: For more than one child enrolled, a 10% discount will be given off the lowest paid tuition.

Financial Aid: Grace of Christ Preschool offers financial aid to families who are in need. Families may apply for this assistance any time during the year. Financial aid is awarded as funds are available. Applications are available in the main church office.

Late Entry Tuition: If your student enters the school year after the first day of school, that month's tuition will be prorated according to the first day in which your student enters class. After that, the monthly rate for the class in which you enroll will apply.

Withdrawal: A written notice of withdrawal must be made to Grace of Christ Preschool 30 days in advance of withdrawal. If 30 day advance notice is not given, then tuition responsibility must be met for the time period until 30 days have passed. In the event of unexpected circumstances beyond participant's control (e.g. job relocation, or financial hardship), the director may grant release from the obligations of this withdrawal policy. Please begin these conversations as early as possible.

Late Payments: All payments are due by the 10th of each month. Payments received after the 10th of each month will be considered late and will incur a late charge of \$25.

☐ We need to set up a different due date of _____. Late charges will be added to payments received five days after this date.

Past Due Accounts: Should parents fall more than 2 months behind in paying their bill, their student(s) will be withdrawn from Grace of Christ Preschool unless special arrangements have been made with the Preschool Board. If parents have an unpaid bill at the end of the school year, their student(s) will be ineligible to attend Grace of Christ Preschool the next school year until the bill has been paid in full.

Returned Checks: A service charge of \$25 will be assessed for a check returned for any reason. In addition, a late charge will be assessed unless payment is received to cover the fund within five banking days of notification. If your check is returned three times within a three month period, you must make all payments by cash, money order, or credit card.

Arbitration of Disputes: Parents enter into this contract agreeing to use binding arbitration approved by the Session of Grace of Christ Presbyterian Church if it becomes necessary to resolve a dispute.

Signature

I agree to the above terms and conditions, including the obligation to pay to the school all charges for tuition and fees, and in all events to be responsible for the financial obligations of my child.

Signature: _____

Date: _____

Signature: _____

Date: _____

AUTOMATIC PAYMENT AUTHORIZATION

CHILD'S NAME: _____

Enrolled in: ☐ 5 Day/\$325 ☐ 3 Day/\$225 ☐ Other: _____

Account Holder's Name: _____

Address (associated with bank account): _____

Daytime Telephone: _____ Cell Phone: _____

One-Time Amount: \$ _____

Monthly Amount \$ _____

Date To Withdraw: _____

Date to Begin: _____

Account Type: Personal Checking Personal Savings Business Checking

Bank Name: _____

Bank Account Number: _____

Bank ABA Routing Number: _____

NOTE: A voided check or deposit slip MUST be stapled to this form.

I authorize Grace of Christ Church of Yakima and their banking institution (U.S. Bank) to electronically withdraw my monthly tuition directly from my bank account in the amount entered above per the payment schedule indicated on the Tuition Agreement. Changes to any information on this form, including the payment amount or date listed on the agreement, will require a new authorization to be completed. I understand that a \$25 fee will be assessed for any electronic fund transfer that is denied. I recognize the convenience of this arrangement and have voluntarily provided the information above. This authorization is valid until it is changed or revoked by me in writing.

Signature

Date