

(Complete this entire packet & return to the preschool office)

Student's First Name Student's Last Name birth date male/female

What does your child like to be called?

Father /Guardian 1 child lives with yes no home phone cell phone work phone

Mother/Guardian 2 child lives with yes no home phone cell phone work phone

Father's Email Mother's Email

Father's Employer Mother's Employer

Child's Primary Residence Address City Zip

Father's Mother's Both Other

Child's Secondary Address City Zip

Father's Mother's Both Other

Brother/Sisters Age Brother or Sister Age Brother or Sister Age Brother or Sister

Signature of Parent or Legal Guardian Date

Harbour Pointe Christian Preschool, a ministry of Pointe of Grace Lutheran Church, admits students of any race, color, national or ethnic origin to all the rights, privileges, programs, and activities of our school. Harbour Pointe Christian Preschool does not discriminate on the basis of race, color, national or ethnic origin in administration policies, financial assistance programs or other school administered programs.

for office use only

Check # Cash Credit Card Amount \$ Date Received

**HARBOUR POINTE CHRISTIAN PRESCHOOL CLASS OPTIONS/FIELD TRIP FORM**

CHILD'S NAME \_\_\_\_\_

**On August 31, 2021, my child's age: \_\_\_\_\_ years old.**

**ALL REGISTRATION/SUPPLY & SECURITY FEES ARE DUE UPON ENROLLMENT**

**\*Registration fees are NON-REFUNDABLE**

Class registration, supply & security fees for 2021-2022:	<b>\$275</b>
***Jr. Kindergarten registration, supply & security fees for 2020-2021:	<b>\$300</b>

Your first month's tuition payment is **due by August 1, 2021**. All subsequent tuition payments are due by the 5<sup>th</sup> of each month.

Indicate below which class your child will be enrolling in:

**3 YEAR OLDS**

<input type="checkbox"/> Monday/Wednesday	<b>9:30am-12pm</b>	<b>\$250/monthly payment</b>
<input type="checkbox"/> Tuesday/Thursday	<b>9:30am-12pm</b>	<b>\$250/monthly payment</b>
** <input type="checkbox"/> Fri-Full STEAM Ahead	<b>9:00am-11:30am</b>	<b>\$125/monthly payment</b>

**4 YEAR OLDS PRE-K**

<input type="checkbox"/> Mon/Wed/Fri	<b>9:20am-12:20pm</b>	<b>\$290/monthly payment</b>
<input type="checkbox"/> Mon-Thurs	<b>9:10am-12:10pm</b>	<b>\$330/monthly payment</b>
** <input type="checkbox"/> Fri- Full STEAM Ahead	<b>9:00am-11:30am</b>	<b>\$125 monthly payment</b>

**4 YEAR OLDS JR. KINDERGARTEN**

<input type="checkbox"/> Mon-Th	<b>9:00am-1:00pm</b>	<b>\$400/monthly payment</b>
** <input type="checkbox"/> Fri-Full STEAM Ahead	<b>9:00am-11:30am</b>	<b>\$125/monthly payment</b>

Due to the restrictions of staff and space and in consideration for those who qualify, we will enforce the deadlines imposed by the Mukilteo School District. To enter the Threes Program, your child must be three by August 31, 2021 (birthdate prior to 9-1-18). To enter the Fours Program, your child must be four by August 31, 2021 (birthdate prior to 9-01-17).

**Permission for Field Trip Participation:** During the school year, the children will have the opportunity to enrich their classroom experience with excursions outside the school facilities.

My Child, \_\_\_\_\_ has my permission to go on all educational field trips during the 2021-2022 school year.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date



**Harbour Pointe Christian Preschool**  
**STATEMENT OF UNDERSTANDING**  
**COVID-19 PUBLIC HEALTH EMERGENCY**  
**SPECIAL PROGRAM ATTENDANCE**  
**ACKNOWLEDGMENT AND DISCLOSURE**

This waiver must be initialed and signed by ALL parents/guardians.

Please read and initial each statement below.

1. \_\_\_\_\_ I understand that during this COVID-19 Public Health Emergency I will NOT be permitted to enter the facility beyond the designated drop-off and pick-up area. I understand that this procedure change is for the safety of all persons present in the facility and to limit to the extent possible everyone's risk of exposure. I understand that it is my responsibility to inform any Emergency Contact persons of the information contained herein.
2. \_\_\_\_\_ I understand that IF there is an emergency requiring me to enter the facility beyond the designated drop-off and pick-up area, I MUST use hand sanitizer, have my temperature taken, and wear a mask prior to entering. While in the facility I must practice social distancing and remain 6ft from all other people, except for my own child.
3. \_\_\_\_\_ I understand that to enter upon the facility premises my child must be free from COVID-19 symptoms. If, during the day, any of the following symptoms appear my child will be separated from the rest of the people in the center. I will be contacted, and my child MUST be picked up from the facility within 30 minutes of being notified.

Symptoms include:

- fever of 100.4 degrees Fahrenheit or higher
- dry cough
- Shortness of Breath
- Chills
- Loss of taste or smell
- Sore Throat
- Muscle aches
- Diarrhea

While we understand that many of these symptoms can also be related to non-COVID-19 related issues we must proceed with an abundance of caution during this Public Health Emergency. These symptoms typically appear 2-7 days after being infected so please take them seriously. Your child will need to be symptom free without any medications for 72 hours before returning to the facility.

4. \_\_\_\_\_ I understand that temperatures will be taken of all people prior to entering our facility and must be below 100.4 F.
5. \_\_\_\_\_ I understand that my child will need to wear a mask while in his/her designated classroom pod.
6. \_\_\_\_\_ I understand that my child will be required to wash their hands using CDC recommended handwashing procedures throughout the day using warm running water and rubbing with soap for at least 20 seconds.
7. \_\_\_\_\_ I understand that outside of preschool, to control my child's exposure in the community, I will comply with all state, county, or local stay-at-home orders/guidelines.
8. \_\_\_\_\_ I will immediately notify Harbour Pointe Christian Preschool management if I become aware of any person with whom my child or I have had contact that exhibits any of the symptoms listed in Number 1 above, is advised to self-isolate, quarantine, or has tested positive, or is presumed positive for COVID-19.
9. \_\_\_\_\_ I understand that no list of restrictions, guidelines or practices will remove 100% of the risk of exposure to COVID-19 as the virus can be transmitted by persons who are asymptomatic and before some people show signs of infection. I understand that I play a crucial role in keeping everyone in the facility safe and reducing the risk of exposure by following the practices outlined herein.
10. \_\_\_\_\_ I will not hold Harbour Pointe Christian Preschool or Pointe of Grace Lutheran Church liable if my child contracts COVID while on campus. It is my choice to have my child attend in-person classes at HPCP.

I, \_\_\_\_\_ certify that I have read, understand, and agree to comply with the provisions listed herein. I acknowledge that my child's enrollment will be terminated if it is determined that my actions, or lack of action unnecessarily exposes another employee, child, or their family member to COVID-19.

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Parent/Guardian Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Management Team Signature

\_\_\_\_\_  
Date

**Parents/Guardians: Please initial OR decline ALL blanks:**

\_\_\_\_ **Registration/Security:**           \*\$275 fee per student  
*(initial required)*                       \*\$300 fee per student for Jr. Kindergarten Class

**\*All registration/Security fees are NON-REFUNDABLE.** These fees must accompany the registration paperwork to secure a spot in the preschool. A registration fee is due EACH YEAR that your student is enrolled.

\_\_\_\_ **Enrollment Period:**           Enrollment is for the entire school year, September  
*(initial required)*                       through mid-June or as advised by DOH for WA State.  
We require 1 month written notice for your child  
to be withdrawn from our program.

\_\_\_\_ **Tuition Policy:**                 The tuition fee is due by the 5<sup>th</sup> of each month  
*(initial required)*                       and is divided into **10 EQUAL MONTHLY PAYMENTS**

\*A **LATE FEE OF \$30** will be added to your account if tuition is paid after the 5<sup>th</sup> of the month.

\*A **FEE OF \$30** will be added for ALL credit card declines and NSF checks.

\_\_\_\_ **COVID-19 Waiver**                 I agree to and have signed the HPCP COVID-19 Statement of Understanding.  
*(initial required)*

\_\_\_\_ **Pictures:**                         I understand that pictures of preschool  
*(initial or decline)*                     activities may be taken from time to time for the  
purpose of hallway/classroom/yearbook displays or for  
a slide show for children’s ministries. Pictures will NOT  
be used for advertisement or in publications or on the  
internet without special written consent from a parent.

\_\_\_\_ **Face Book:**                     HPCP has my permission to post photos of my student on the HPCP  
*(initial or decline)*                     Facebook page. Names will not be listed.

\_\_\_\_ **Handbook:**                     I have read and understand all of the policies in the  
*(initial required)*                     **2021-2022 Harbour Pointe Christian Preschool Parent Handbook.**

**I have reviewed this contract and agree to abide by the provisions of the contract and materials incorporated therein.**

Student’s Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

**HARBOUR POINTE CHRISTIAN PRESCHOOL-DISMISSAL AUTHORIZATION**

*(One form per student MUST be completed)*

**STUDENT NAME** \_\_\_\_\_ **Teacher** \_\_\_\_\_

When parents are not available to pick up their child(ren) from school, HPCP requires your permission to release your child to another adult. Please list relatives or friends who have your permission to pick the above listed child up from school. HPCP will not release your child to anyone without your permission. **Please inform these contacts that HPCP personnel may ask for their personal identification before releasing your child to them during our dismissal process.** You may also add the names of those that have permission to pick up your child to your Brightwheel app.

*(Please Print)*

**Father's Name:** \_\_\_\_\_ **Mother's Name** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation to Student** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation to Student** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation to Student** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation to Student** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name** \_\_\_\_\_ **Relation to Student** \_\_\_\_\_ **Phone** \_\_\_\_\_

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**PARENT'S SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**Parent's Cell Phone #** \_\_\_\_\_ **Home Phone #** \_\_\_\_\_

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Student's First Name

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Student's Last Name

---

Names & Types of Family Pets

---

What language does your child speak?

---

What activities and/or toys does your child enjoy at home?

---

Family Church Membership -(optional)

---

Fears your child may have

---

Type of discipline that you use

---

Names of other preschools/ daycares your child has attended--reasons for leaving

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What do you hope that your child will learn this year at preschool?

---

List any concerns that you might have about your child

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I would like my child's teachers to know...

STUDENT'S FIRST NAME

STUDENT'S LAST NAME

Sex:  Male  Female

Child's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

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

Date of Child's Last Physical Exam \_\_\_\_\_

Share any health concerns or chronic medical conditions that you believe would be important for **HARBOUR POINTE CHRISTIAN PRESCHOOL** and its staff to know while your child is in our care:

\_\_\_\_\_

Allergies: Check all that apply:  Foods  Plants  Bee/Insects  Animals  Other

**List Food/Other Allergies:**

**FOOD/OTHER**

**ALLERGIC REACTION**

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

If Signs of a reaction occur, please list instructions of how you would like us to respond, in order.

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Is medication or Epi-Pen needed for allergy?  YES  NO**

If medications and/or an epi-pen will be needed to administer to a child in an emergency situation, we need to have a current Doctor's prescription with instructions for dosage and circumstances under which medication is to be administered. We need to have the medication at school at all times and labeled with your child's name in a baggie. A conference with staff is required each year your child is enrolled.

Other than allergy, does your child have any food restriction?

(Cultural, Religious, Personal)?  no  yes, describe:

\_\_\_\_\_

Is your child taking medication at home for any ongoing condition?  no  yes

If yes, please describe: \_\_\_\_\_

**HAS YOUR CHILD:**

Had a hearing test?  yes  no Please list any concerns: \_\_\_\_\_



Had an eye exam? yes no Please list any concerns:\_\_\_\_\_

Had a speech/communication evaluation? yes no Please list any concerns:\_\_\_\_\_

Is your child currently receiving speech therapy? no yes

Do you have any concerns about your child's behavior? no yes, describe:\_\_\_\_\_

Do you have any concerns about your child's development? no yes, describe:\_\_\_\_\_

ADDITIONAL CONCERNS:  
\_\_\_\_\_  
\_\_\_\_\_

### DENTAL HISTORY

Name of Dentist : \_\_\_\_\_ City/State \_\_\_\_\_ Phone \_\_\_\_\_

Has your child seen a dentist? no yes

\_\_\_\_\_  
Signature of Parent or Guardian Date

### CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILD

I hereby give permission that my child, \_\_\_\_\_ may be given treatment by a qualified **Harbour Pointe Christian Preschool** employee at **Harbour Pointe Christian Preschool**. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment, and procedures to be performed for my child by a licensed physician, health care provider, hospital, or emergency technician (EMT) when deemed necessary or advised by the physician or EMT to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

\_\_\_\_\_  
Parent/Guardian Signature Date Parent/Guardian Signature Date