



**PRESCHOOL REGISTRATION FORM 2023-2024**

**\$125.00 NON-REFUNDABLE registration fee is required with this application.**

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

Child's Birthdate \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female

Mother's First and Last Name \_\_\_\_\_

Father's First and Last Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Mom's Cell # \_\_\_\_\_ Mom's E-mail: \_\_\_\_\_

Dad's Cell # \_\_\_\_\_ Dad's E-mail: \_\_\_\_\_

Circle Class:      Hippos—2 Day Three's    Rhinos—3 Day Three's    Pandas 3-Day Four's

                         Monkeys—4-Day Pre-K      Giraffes—5-Day Pre-K

How did you hear about our program?

\_\_\_\_\_

Does your child receive or in the process of receiving early intervention services? (speech, OT, etc.)

\_\_\_\_\_

\_\_\_\_\_

Other children in household (ages)

\_\_\_\_\_

Allergies? \_\_\_\_\_

Medical instructions?    *Epi-Pen*    *Y or N*

Annual Tuition Payment Schedule Monthly payments for the 2023-2024 school year begins August 26, 2023 with the last payment due April 26, 2024. Monthly tuition payments will be paid through **Brightwheel**.

Late Payment Policy Payments received after the 10th of the month will be charged a \$25.00 late fee unless other arrangements have been made.

Arrival and Pick-Up: EWP Preschool hours: 9:00 am-12:30pm, Monday through Friday. The **front doors** will be opened a couple minutes before class time for arrival and dismissal. The classroom teachers will open the classroom right at 9:00 or 9:30 am.

EWP uses the **BRIGHTWHEEL APP** for parent communication and tuition payments. Once your child's account is uploaded into BRIGHTWHEEL you will receive an email inviting you set up your account.

**PHOTO RELEASE:** I /We grant permission for any photographs taken involving my child while a student at EWP Preschool.

**Parent/Guardian** \_\_\_\_\_ **Initial Initial**

**SPRING CREEK Assisted Living** only Panda, Monkey and Giraffe Classrooms:

I /We grant permission for my child to walk to Spring Creek once a month September—May.

**Parent/Guardian** \_\_\_\_\_ **Initial Initial**

**MEDICAL TREATMENT Consent 2023-2024**

I authorize EWP Preschool personnel to administer first aid and when needed, to call a physician for medical or surgical care should an emergency arise. It is understood that a conscientious effort will be made to notify me or the persons indicated on the Emergency Information Card before such action is taken and that the expense of this service will be accepted by me. I further agree that EWP Preschool, any staff member, volunteer, or Eagle Hills Church personnel will not be held liable for any injury my child may endure.

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**Parent/Guardian**

**Signature Date**