

HARBOUR POINTE CHRISTIAN PRESCHOOL CLASS OPTIONS/FIELD TRIP FORM

CHILD'S NAME _____

On August 31, 2024, my child's age: _____ years old.

ALL REGISTRATION/SUPPLY & SECURITY FEES ARE DUE UPON ENROLLMENT

***Registration fees are NON-REFUNDABLE for ANY reason.**

Class registration, supply & security fees for 2023-2024:	\$350
Full STEAM Ahead -Fridays	\$125
***Jr. Kindergarten registration, supply & security fees for 2024-2025:	\$375

Your first month's tuition payment is **due by August 1, 2024**. All subsequent tuition payments are due by the 5th of each month.

Indicate below which class your child will be enrolling in:

2.5-3 YEAR OLDS-TOTS

Tuesday/Thursday **9:20am-12:20pm** **\$285/monthly payment**

3 YEAR OLDS

Monday/Wednesday **9:30am-12:00pm** **\$285/monthly payment**
 Tuesday/Thursday **9:30am-12:00pm** **\$285/monthly payment**
 Full STEAM Ahead **9:00am-11:30am** **\$130/monthly payment**

4 YEAR OLDS PRE-K

Mon/Wed/Fri **9:20am-12:20pm** **\$325/monthly payment**
 Mon-Thurs **9:10am-12:10pm** **\$365/monthly payment**
 Full STEAM Ahead **9:00am-11:30am** **\$130/monthly payment**

4 YEAR OLDS JR. KINDERGARTEN

Mon-Th **9:00am-1:00pm** **\$435/monthly payment**
 Full STEAM Ahead **9:00am-11:30am** **\$130/monthly payment**

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 Tots program, your child must be 2.5 by August 31, 2024 (birthdate prior to 2-1-22). To enter the Threes Program, your child must be three by August 31, 2024 (birthdate prior to 9-1-21). To enter the Fours Program, your child must be four by August 31, 2024 (birthdate prior to 9-01-20).

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 2024-2025 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 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. 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.

2. _____ 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.
3. _____ 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.

4. _____ 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.

5. _____ 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:** *\$350 fee per student
(initial required) *\$375 fee per student for Jr. Kindergarten Class
*\$125 fee per student for Friday add-on classes (STEAM)

***All registration/Security fees are NON-REFUNDABLE FOR ANY REASON.** 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 5th 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 5th of the month.

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

____ **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 advertisements 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) **2024-2025 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** _____

PARENT'S SIGNATURE _____ **DATE** _____

Parent's Cell Phone # _____ **Home Phone #** _____

Student's Legal First Name

Student's Legal Last Name

What does your child like to be called

What name do you want your child to learn to write

Names & Types of Family Pets

What language does your child speak?

What language is spoken at home?

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

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

List any concerns that you might have about your child

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 allergies? 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 allergies, 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.

Father/Guardian 1 Signature

Date

Mother/Guardian 2 Signature

Date