

REGISTRATION FORM

2026-27 School Year

EBENEZER LUTHERAN CHURCH PRESCHOOL
2111 117th Avenue NE
Lake Stevens, WA 98258
425-397-6374/ www.ebenezerlakestevens.org
E-mail: preschool@ebenezerlakestevens.org

Office Use Only	
Immunizations on file	<input type="checkbox"/>
Prepayment of May tuition	<input type="checkbox"/>
\$110 -2DYNew Beginnings reg fee	<input type="checkbox"/>
Reg fee is due at time of enrollment and non-refundable	

CLASS DESIRED

2-DAY NEW BEGINNINGS (3/4year-olds) Th, Fri. 9:45 – 12:15 _____ \$250/month

REGISTRATION INFORMATION:

Child's Full Name _____ Home Phone (____) _____

Name you wish your child called _____ Date of Birth _____ Sex: M F

Home address _____ City _____ Zip _____

Email address _____

May we include your telephone, email and address on a class list made available to other students in the class? Yes No (circle one)

Mother's Name _____ Cell Phone (____) _____

Address (if different than above) _____ Home Phone (____) _____

Place of Employment _____ Work Phone (____) _____

Father's Name _____ Cell Phone (____) _____

Address (if different than above) _____ Home Phone (____) _____

Place of Employment _____ Work Phone (____) _____

Names and ages of other children in the family _____

How did you hear about Ebenezer Preschool? _____

Church Home _____

EMERGENCY MEDICAL INFORMATION:

Child's physician _____ Phone (____) _____

Are there any special health or learning difficulties of which we should be aware? Yes No

If yes, please explain: _____

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Relatives or friends, available during school, who we may call in case you cannot be reached:
Name _____ Phone (____) _____

Name _____ Phone (____) _____

Daycare provider's name _____ Phone (____) _____

Out-of-area emergency contact (for messages) _____ Phone (____) _____

MEDICAL RELEASE

I hereby give permission that my child, _____, may be given emergency treatment to include first aid and CPR by any of the staff employed by Ebenezer Lutheran Church. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted. 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.

Date _____ Signature _____

TUITION POLICY

1. **A non-refundable registration fee is required upon enrollment. This registration fee will hold your child's spot.**
2. **Tuition is due on the first school day of each month.** It is to be paid directly to the Preschool. Please place payment in the drop-box at arrival or dismissal time *or if paying with **cash** please put it in a marked envelope before putting it in the drop box.* If a receipt is needed, let the Director know. Tuition can also be mailed directly to Ebenezer Lutheran Church Preschool, 2111 117th Avenue NE, Lake Stevens, WA 98258.
3. The Preschool Director should be notified of unusual circumstances.
4. A late charge of \$5.00 will be added for payments received after the 10th of the month. A 30-day delinquency shall be grounds for dropping the child from the program, pending review by the Preschool Board.
5. A \$12.00 service charge will be added for Non-sufficient Funds (NSF) checks.
6. Tuition for the month of May is collected with registration. If it is necessary to withdraw your child before the end of the school year, May tuition is refunded only if the preschool is given two weeks notice. Please give notice to the Director.
7. You may request a payment page for your convenience to keep record of your tuition payments. See the director for this. You will receive no monthly statements. It will be the parent's responsibility to have the payments in the office the first school day of each month. **Checks should be made out to Ebenezer Lutheran Church Preschool.**
8. The monthly tuition is an average of all the school days for the entire nine months from September through May. It reflects school holidays, workshop days, weather closures and other emergency closures.

TUITION AGREEMENT

Sign below to indicate that you have read the tuition policy and that you agree to the terms as stated.

Date _____ Signature _____