

# REGISTRATION FORM

2026-27 School Year

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

<b>Office Use Only</b>	
Immunizations on file	<input type="checkbox"/>
Prepayment of May tuition \$100 -2DY Tots reg fee)	<input type="checkbox"/>
Reg fee is due at time of enrollment and non-refundable	

## CLASS DESIRED

**2-DAY TOTS CLASS (2/3-year-olds) Tues, Weds 9:55 – 11:55** \_\_\_\_\_ **\$200/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:** Please complete the back of this registration form with emergency medical information and sign the tuition policy. >>>

## 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: \_\_\_\_\_

## REGISTRATION FORM

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 117<sup>th</sup> 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 10<sup>th</sup> 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. A payment page will be provided for your convenience to keep record of your tuition payments. 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, bad 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 \_\_\_\_\_