



## Registration Form For Glory Days 2017/2018 School Year

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

*First*

*Middle*

*Last*

*Name to be called at school*

Child's Birthdate: \_\_\_\_\_ \*(see age guidelines for classes below) Age: \_\_\_\_\_ Gender: M / F

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom's Cell: \_\_\_\_\_ Dad's Cell: \_\_\_\_\_

Primary Email: \_\_\_\_\_ Optional Other Email: \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

(include address/phone if different from above) \_\_\_\_\_

Home Church: \_\_\_\_\_

Person(s) other than parents listed above who have my permission to pick up my child: \_\_\_\_\_

Child will not be permitted to go home with anyone else unless parent gives written permission.

### Enrolling for (check one):

#### 2-1/2 year olds

2 mornings per week—Mon/Wed—9:15-12pm; \$210/month (must turn 2 by February 28, 2017)

#### 3 year olds

2 mornings per week—Tues/Thurs—9:15-12pm; \$210/month (must turn 3 by August 31, 2017)

3 mornings per week—Tues/Wed/Thurs—9:15-12pm; \$280/month (must turn 3 by August 31, 2017)

#### 4&5 year olds—Pre-K

3 mornings per week—Tues/Wed/Thurs—9:15-12pm; \$280/month (must turn 4 by August 31, 2017)

4 mornings per week—Mon/Tues/Wed/Thurs—9:15-12pm; \$350/month (must turn 4 by August 31, 2017)

**-Classes subject to change due to enrollment numbers.**

**-\$125 non-refundable registration fee (payable to "SPC" with "Glory Days" in memo) due at time of enrollment.**

**-Immunization form for new students also due at time of enrollment.**

Local Emergency Contacts (other than parents):

1. \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

2. \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Please list all known allergies: \_\_\_\_\_

*If your child has an allergy:*

Does he/she have an Epi-Pen?  Yes  No

Do we have permission to post name and allergy in the classroom?  Yes  No

(Note: If your child is allergic to peanuts or anything requiring the use of an Epi-Pen, you must bring two Epi-Pens to Glory Days to keep onsite.)

Current Health Problems/Medications: \_\_\_\_\_

**May we add your contact information to our class list to be shared with other families in your child's class?  Yes  No**

*Glory Days Preschool does not discriminate on the basis of race, color, national origin, religion, political beliefs or family status.*

In the event I cannot be reached in an emergency, I hereby give permission for the healthcare provider(s) selected by Sammamish Presbyterian Church (SPC)/Glory Days Preschool, or its employees or agents to hospitalize and secure treatment, including, but not limited to injections, anesthesia, or surgery for my child. In addition, I give permission for SPC employees or agents to take my child/children to the hospital in the event of medical emergency. I agree that I will not hold the Presbytery of Seattle, Sammamish Presbyterian Church/Glory Days Preschool, its employees or agents, responsible for any accident or injury arising out of my child's/children's participation in the SPC Glory Days Preschool Program. I grant my permission to SPC/Glory Days, SPC personnel and their agents to use photographs, motion pictures or recordings, or any other record of this activity for any legitimate purpose, including, but not limited to, all print and web-based communications.

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

Date \_\_\_\_\_

Sammamish Presbyterian Church  
Glory Days Preschool  
22522 NE Inglewood Hill Rd.  
Sammamish, WA 98074

➔ (Over)



# tell us about your child!

Each child is unique and “wonderfully made” by God. We’d love to know more about your child before class starts so we can make his or her experience the best it can be right from day one! Please take a few moments to tell us about your unique child of God...

My child’s favorite book is: \_\_\_\_\_

My child’s favorite play time activity is: \_\_\_\_\_

My child warms up quickly to new people.       My child takes time to get to know new people.

My child is generally quiet.       My child is generally verbal.

My child loves to go to: \_\_\_\_\_

My child’s favorite animals are: \_\_\_\_\_

My child likes crafts.

My child likes being read to.

My child likes gross motor activities.

My child likes fine motor activities.

My child loves to sing.

My child loves to listen to music and play musical instruments.

My child is afraid of: \_\_\_\_\_

My child:  does not have siblings     has siblings; names/ages: \_\_\_\_\_

Primary Language Spoken at Home     English     Other: \_\_\_\_\_

My child has participated in organized classes such as MOPS, Parent/Toddler class, gymnastics, etc.

*Please list:* \_\_\_\_\_

My child receives outside services such as speech or other type of therapy.

*Please list type of therapy:* \_\_\_\_\_

Is there anything else we should know about your child? \_\_\_\_\_

**For new students, how did you hear about us?**

Friend—Name: \_\_\_\_\_

Website/Facebook

Sign

Older sibling attended

SPC

MOPS

Preschool Fair

Other \_\_\_\_\_

thank you!