



Registration Form For Glory Days 2019/2020 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; \$230/month (must turn 2 by February 28, 2019)

3 year olds

2 mornings per week—Tues/Thurs—9:15-12pm; \$230/month (must turn 3 by August 31, 2019)

3 mornings per week—Tues/Wed/Thurs—9:15-12pm; \$305/month (must turn 3 by August 31, 2019)

4&5 year olds—Pre-K

3 mornings per week—Tues/Wed/Thurs—9:15-12pm; \$305/month (must turn 4 by August 31, 2019)

4 mornings per week—Mon/Tues/Wed/Thurs—9:15-12pm; \$385/month (must turn 4 by August 31, 2019)

-Classes subject to change due to enrollment numbers.

-\$135 non-refundable registration fee (payable to "SPC" with "Glory Days" in memo) due at time of enrollment. (Siblings are \$115)

-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 (mm/dd/yyyy) _____

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 writing or drawing.

My child likes legos and blocks.

My child likes being read to.

My child likes to look at books on their own.

My child likes gross motor activities.

My child likes cutting and coloring.

My child loves to sing.

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

My child likes to play outside.

My child is afraid of: _____

My child finds it easy difficult to share.

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

How does your child handle transitions? _____

Primary Language Spoken at Home English Other: _____

My child problem solves verbally physically.

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, behavioral, occupational or physical 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!