



Registration Form
Camas Community Preschool
 Preschool & Pre-K 2018-19

STUDENT INFORMATION

Name:		
Address:		
City:	State/Zip:	Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Phone:	Birth Date:	
Sibling's Name:	Sibling's School:	Sibling's Grade:
Sibling's Name:	Sibling's School:	Sibling's Grade:
My child participates in: Special Ed Program/IEP <input type="checkbox"/> If checked, speech/language only: <input type="checkbox"/>		

PARENT INFORMATION

Mother's Name:		
Address:		
City:	State:	Zip:
Phone:	Phone:	Email:
Place of Employment:	Phone:	
Father's Name:		
Address (if different):		
City:	State:	Zip:
Phone:	Phone:	Email:
Place of Employment:	Phone:	

EMERGENCY CONTACTS (if parents can't be reached)

Name:	Phone:
Relationship to child:	
Name:	Phone:
Relationship to child:	
Name:	Phone:
Relationship to child:	

OTHER PEOPLE WITH PERMISSION TO PICK UP YOUR CHILD

Name:	Phone:
Relationship to child:	
Name:	Phone:
Relationship to child:	

- I understand the \$100 fee required today is non-refundable.
- I understand that I will not be invoiced, and that tuition is due the first week of each month.

_____ Date _____
 Parent's Signature

PRESCHOOL FEES

Will your child need childcare? Yes No

If yes, please fill out the "Optional Childcare" section below:

REGISTRATION FEE			
\$100 Non-refundable registration fee (\$75 will go towards September tuition)			
MONTHLY TUITION			
\$275/month - Preschool (3)			
\$325/month – Pre-K (4 & 5)			
OPTIONAL CHILDCARE			
Will your child need childcare? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, what are your needs?			
<input type="checkbox"/> Drop in only. I will have no set days; I will just need care once in a while. (\$35/day or \$50/day) <input type="checkbox"/> Full-time. Daily before and/or after preschool. (\$725 or \$825) <input type="checkbox"/> Part-time. Various days before and/or after preschool.			
If you checked full-time or part-time (not drop in), please fill out what your anticipated schedule will be:			
Time arriving*:	Check days attending	Time of pickup*:	Check days attending
	<input type="checkbox"/> Monday		<input type="checkbox"/> Monday
	<input type="checkbox"/> Tuesday		<input type="checkbox"/> Tuesday
	<input type="checkbox"/> Wednesday		<input type="checkbox"/> Wednesday
	<input type="checkbox"/> Thursday		<input type="checkbox"/> Thursday
	<input type="checkbox"/> Friday		<input type="checkbox"/> Friday
*There is no dropping off or picking up for childcare between the hours of 11:00AM–2:00PM. This is our transitional time for lunch, quiet time/naps.			

~Office use only~

Name of Child:
Registration fee of \$100 paid on _____ . (\$75 will go towards September tuition)
Tuition only: <input type="checkbox"/> \$275 <input type="checkbox"/> \$325
Tuition with full-time care: <input type="checkbox"/> \$725 <input type="checkbox"/> \$825
Part-time childcare:
Total monthly payment will be: