2019-2020 REGISTRATION FORM
WHATCOM FAMILY COOP PRESCHOOL
Affiliated with Whatcom Community College
1041 24th Street Bellingham, WA 98225

Child's Name: Last_____First_____ MI_____
Child's Birth Date: _____ Age:_____ Gender:_____

Preference: AM class: 8:15-110:15am_____   PM class 11:45-2:45pm_____
(NOTE: Your placement is dependent upon final registration numbers)

4-day **AM Preschool class – Children Ages 3 - 4 years of age**
AM class: 8:15-110:15am
Tuition: **$160 month x 10 months
These figures are subject to change, based upon the finalization of our annual school budget.
Make check to: Whatcom Family Preschool
A $125 non-refundable registration fee must accompany registration form. and a
a $50 non-refundable supply fee is due in February
Tuition payment is due the 5th of each month, paid 1 month prior
–late fees apply-
1st tuition payment for September is Due Aug 5th, Last tuition payment for June is Due May 5th

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4-day **PM Pre-K class – Children Ages 4 – 5 years of age**
PM class 11:45-2:45pm
Tuition: **$185 month x 10 months
These figures are subject to change, based upon the finalization of our annual school budget.
Make check to: Whatcom Family Preschool
A $125 non-refundable registration fee must accompany registration form. and a
a $50 non-refundable supply fee is due in February
Tuition payment is due the 5th of each month, paid 1 month prior
–late fees apply-

Whatcom Family Coop Preschool

1st tuition payment for September is Due Aug 5th, Last tuition payment for June is Due May 5th

Please note:

1. The school year runs from September to mid-June. Enrolling in the co-op is a 10 month commitment.
2. A $15 late fee is assessed after the 2nd Friday of the month.
3. A $15 fee is assessed for returned checks.
4. You may pay tuition in advance, or in less-frequent larger amounts.
5. As an affiliate of Whatcom Community College parents are enrolled in a 3-credit parenting education class. Fees are included in the preschool tuition. *You are entitled to receive student benefits and use of all WCC facilities.*
6. **A 30-day written notice must be given to the teacher and board prior to withdrawing your child from preschool.**

Background Information

School:_____Session:__AM or PM_____

Child's name:_____Birth date:_____

Child's address:_____

_____Phone number:_____

Parent/Guardian:_____Home phone:_____

Address:_____

Phone/Cell:_____

Work Phone:_____ _ E-mail:_____

Parent/Guardian:_____Home phone:_____

Address:_____

Phone/Cell:_____

Work Phone:_____ _ E-mail:_____

Child care provider:_____Home phone:_____

Address:_____

Phone/Cell:_____

Work Phone:_____ _ E-mail:_____

Child resides with:_____
Who has permission to pick up your child:_____
Please note: Exceptions require written permission from the custodial parent before your child's release.
Are there any restraining orders in effect?

Mother: Father:
Other (specify):

PLEASE ATTACH A COPY OF THE RESTRAINING ORDER

Date:_____
Comments/Additional Information:

Optional: Other people residing in you home

NAME	GENDER	AGE

Parent Interests or strengths (please list any particular interest, talents, or strengths you may have that could share with the group. For example: Do you play an instrument, enjoy sewing, have art training, tell stories, enjoy cooking, etc?

Do you foresee any situation that will interfere with your ability to participate in the co-op activities during the school year?

FIELD TRIP INFORMATION & EMERGENCY MEDICAL ATTENTION

Preschool: Whatcom Family Co-op Preschool

Session: AM   PM

Child's name: Birth Date:

Parent's name: Home phone:

                                                    Cell phone:

Child's doctor: Phone:

Emergency contact: Phone:

Emergency contact: Phone:

Emergency contact: Phone:

Who has permission to pick up your child:

Emergency Medical Information:

AUTHORIZATION FOR EMERGENCY PROCEDURE
If the parents and authorized physician named on this registration record cannot be

reached at the time of an emergency, and if immediate observation or treatment is urgent of the school authorities, I authorize and direct the school authorities to send the pupil (properly accompanied) to the hospital or doctor most easily accessible. I understand that I will assume full responsibility for the payment of any service rendered.

_____   _____

Parent/guardian name and signature   Date