



Graham Emmanuel School
Registration Information
2017-2018 School Year

- School Days: Preschool: Tues. Wed. Thurs. 9:30-11:30AM or 12:30-2:30 PM
 Kindergarten: Mon-Fri 9:30 – noon
- 3 / 4 Children who are completely potty trained and 3 years old by Aug. 31st.
Class:
- 4 / 5 Children who are completely potty trained and 4 years old by Aug. 31st.
Class:
- Kindergarten Children who are 5 years old before August 31 can be enrolled in Kindergarten.
- Parent Orientation: A parent orientation meeting will be scheduled at the beginning of September. We will go over policies and procedures and give parents the opportunity to turn in health forms and ask questions. Please plan to attend without your child.
- Registration: The registration fee is \$60 and it is non-refundable. This fee will reserve your child's place in class and will cover the cost of all supplies.
- Tuition: Tuition is based on an annual fee, which has been broken into 9 monthly payments for your convenience.
- Preschool tuition: \$130.00 per month or \$1170.00 per year
 Kindergarten tuition: \$240.00 per month or \$2160.00 per year
- Registration: Please complete the attached registration form and return it with your registration fee to:

Graham Emmanuel School
22316 106th Ave E
Graham, WA 98338

Contact Numbers:
253-847-3577 Ext. 107
253-847-8180 Fax

Sincerely,

Cindy Staton
Director

How did you hear about our School?

**Graham Emmanuel
School**
Registration Form 2017-2018

3/4 AM PM _____
4/5 AM PM _____
K AM _____

Student Information

Full Name: _____

First name responds to: _____

Date of birth: _____

Medical

Allergies: _____

Chronic Illnesses: _____

Regular Medications: _____

Specific information you think we should know about your child.

Siblings

Names & ages:

Family Information

Home Address: _____

City: _____ Zip: _____

PO Box (if applies): _____

Email Address: _____

Father

Name: _____

Occupation: _____

Cell Phone: _____

Mother

Name: _____

Occupation: _____

Cell Phone: _____

FIRST CALL NUMBER _____

MEDICAL CONSENT

In case of medical emergency: After every reasonable effort has been made to contact me, the family physician, or the emergency contact person listed below, I hereby 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. I waive my right of informed consent to such treatment and agree to be responsible for expenses incurred.

Physician: _____ Phone: _____

Emergency contact person: _____ Phone: _____

Parent/Guardian's signature: _____

Relationship to the child: _____ Date: _____