

Graham Emmanuel School Registration Information 2018-19 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 Class: Children who are completely potty trained and 3 years old by Aug. 31st.
- 4 / 5 Class: Children who are completely potty trained and 4 years old by Aug. 31st.
- 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: \$140.00 per month or \$1260.00 per year
 Kindergarten tuition: \$250.00 per month or \$2550.00 per year
- Registration: Please complete the attached registration forms and return them with your registration fee to:

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

Contact Number:
253-847-3577 Ext. 107

Sincerely,

Fray Davis
Director

How did you hear about
our School?

Graham Emmanuel School

Registration Form School Year 2018-19

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: _____

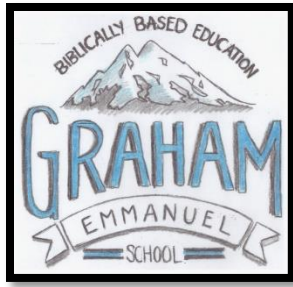
Emergency contact person: _____ Phone: _____

Parent/Guardian's signature: _____

Relationship to the child: _____ Date: _____

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

Graham Emmanuel School admits students of any race, color, national or ethnic origin.



Graham Emmanuel School

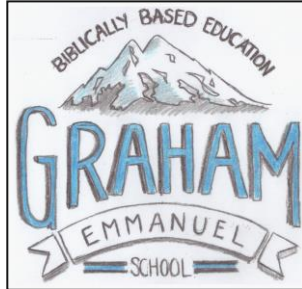
Release Permission

_____ may be released to the following people:

Name	Relationship to child	Phone #
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature _____	Date _____
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Throughout the year the teachers will be taking pictures of the children to be displayed on our bulletin boards, highlighted in the weekly newsletters, showcased in the promotional video for prospective parents, and on the Church's website and on the school's Facebook page. Any photo published online will not be paired with the names of any child. At the end of the school year the pictures stored on our school computers are permanently deleted. Periodically, parents may visit and take pictures and these wind up on Facebook. The School cannot control these situations.

We request your permission to use these pictures as described. If you have any questions or concerns about how your child's pictures will be used, please contact us.

Thank you,
Fray Davis,
Graham Emmanuel School Director

I **GIVE** my permission for my child's photo to be used _____

I **DO NOT** give my permission for my child's photo to be used _____

Student Name _____

Parent Signature _____

Date _____