



Beautiful Savior
LUTHERAN CHURCH
Early Learning Center

4320 S Conklin St Spokane, WA 99203
Phone 747-6806 Fax 747-7342
Kim Wolkenhauer, Director
kim@beautifulsaviorspokane.org
Website: www.beautifulsaviorschool.org

2017 - 2018 School Registration

	Class	Class Times	Yearly Tuition	Monthly payment
<input type="checkbox"/>	2 Day Preschool (3yr olds) - 2 classes avail.	T/Th 9:00 - 11:00 a.m.	\$1500	\$150
<input type="checkbox"/>	3 Day Preschool (3yr olds)	M/W/F 9:00 - 11:00 a.m.	\$1700	\$170
<input type="checkbox"/>	3 Day Prekindergarten (4yr olds)	M/W/F 9:00 - 11:30 a.m.	\$1800	\$180
<input type="checkbox"/>	4 Day Prekindergarten (4yr olds)	M/T/W/Th 12:30 - 3:00 p.m.	\$2000	\$200
<input type="checkbox"/>	5 Day Prekindergarten (4/5 yr olds)	M - F 9:00 - 11:30 a.m.	\$2300	\$230
<input type="checkbox"/>	5 Day Kindergarten	M - F 10:30 - 2:30 p.m.	\$3250	\$325

Child's Name: _____ Date of Birth: _____ Male / Female

Address: _____ City: _____ Zip code: _____

E-mail address: _____ Primary phone: _____

Father's Name: _____ Occupation: _____ Cell Phone: _____

Mother's Name: _____ Occupation: _____ Cell Phone: _____

Marital Status: Married ___ Single ___ Divorced ___ Widowed ___

Other Children in Family: _____ Age: _____

_____ Age: _____

Are you a member of Beautiful Savior Lutheran Church? Yes ___ No ___

Name of your Church: _____ Child Baptized? Yes ___ No ___

Name of emergency contact other than parents: _____

Relationship _____ Phone: _____

Pediatrician: _____ Address: _____ Phone: _____

Dentist: _____ Address: _____ Phone: _____

Health Problems/concerns we should know about _____

Allergies? _____

Insurance Carrier _____ Policy # _____

Application must be accompanied by the \$100 materials fee and one month's tuition.

The materials fee is non-refundable.

How did you hear about us? Church ___ Friend ___ Newspaper ___ Banner ___ Website ___

CONSENT AND RELEASE FORM FOR FIELD TRIPS

I hereby consent to have my child participate in programs including field trips offered by Beautiful Savior Lutheran Pre-School. It is hereby agreed that I, my child, my executors, waive and release all rights and claims for damages that I may have at any time against the Pre-School, its representatives whether paid or volunteer for any injury or damages in connection with the program. I further give my permission to the person or persons in charge at the Pre-School to contact my child's physician and/or the nearest hospital to have my child treated for any emergency when parents or guardians cannot be reached. I further confirm that the child named on this form is in good health unless otherwise so stated on this registration.

SIGNATURE: _____ DATE: _____

PERMISSION FOR PHOTOGRAPHY

I grant to Beautiful Savior Lutheran Church the permission concerning any photographs that its contracted photographer or volunteer photographer has taken or may take of me (or minor I am responsible for) or in which I (or minor) may be included with others, to use, reuse, publish, and republish the photographs in whole or in part, individually or in connection with other material, in any media now (including the Internet) or hereafter known for the church's communication purposes, including illustration, promotion, art, and editorial, without restriction as to alteration. I release and discharge Beautiful Savior Lutheran Church from any and all claims and demands that may arise out of or in connection with the use of the photographs, including without limitation any and all claims for libel or violation of any right of publicity or privacy.

SIGNATURE _____

PRINT NAME OF ADULT _____

DATE _____

PRINT NAME OF MINOR _____



Beautiful Savior

LUTHERAN CHURCH
Early Learning Center

Child's Name _____

Please list the names and phone numbers of those adults (parents, grandparents, other relatives, or friends) who are allowed to pick up your child from Pre-School or Kindergarten.

Name

Phone Number

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____