



BETHANY LUTHERAN CHURCH AND PRESCHOOL
 2501 Beacon Hill Road Alexandria, Virginia 22306
 703-765-TOTS (8687) Preschool@Bethany-LCMS.org

2018 -2019 Registration

Serving God's Children and Their Families Since 1959

Child's Name _____ Date _____

Name your child is called _____ Gender _____

Birth date _____ / _____ / _____ Age of child on 9/30/18 _____ yrs. _____ months
mm / dd / yy

REGISTRATION INFORMATION

Bethany Lutheran Preschool admits students of any race, color, religion, or national or ethnic origin.

Registration and Materials fee: \$135 with a \$10 discount for each additional family member.

The registration fee is not refundable unless minimum enrollment requirements are not met.

The school reserves the right to make class assignments. Make checks payable to Bethany Lutheran Preschool.

CLASS OFFERINGS

Tuition is an annual fee. Payment choices include tuition paid-in-full, semi-annual (twice *per* school year), or a 10-month plan. Class hours are 9:00 a.m. – 1:00 p.m.

Please mark an 'X' in the box to indicate your class choice.

PRE-KINDERGARTEN 4 by Sept 30	<input type="checkbox"/> Monday - Friday	\$5,250 annual \$2,625 semi-annually \$525 (10 monthly payments)	Special Material Fee \$25.00 (one-time fee)

Children in Three Day Monday/Wednesday/Friday and the Two Day Tuesday/ Thursday classes may be a mixed-age group.

THREE and FOUR-YEAR-OLDS 3 or 4 by Sept 30	<input type="checkbox"/> Three-year-olds Five Day Class	<input type="checkbox"/> Three Day Class Monday/Wednesday/Friday	<input type="checkbox"/> Two Day Class Tuesday/Thursday	
	Annual Tuition	\$5,250	\$3,250	\$2,350
	Semi-annual Tuition	\$2,625	\$1,625	\$1,175
	10 Monthly Payments	\$525	\$325	\$235

Children do not need to be potty-trained for Twos and Toddler classes.

TWO-YEAR-OLDS 2 by Sept 30 and TODDLERS 19 months by Sept 30	<input type="checkbox"/> Five Day Class	<input type="checkbox"/> Three Day Class Monday/Wednesday/Friday	<input type="checkbox"/> Two Day Class Tuesday/Thursday	
	Annual Tuition	\$5,750	\$3,750	\$2,750
	Semi-annual Tuition	\$2,875	\$1,875	\$1,375
	10 Monthly Payments	\$575	\$375	\$275

Terms for payment of tuition:

1. A registration fee is due at time of registration. *This fee is non-refundable.*
2. The first tuition payment is due August 1st. Payment choices include paying in full, twice per school year, or each month for ten months. Monthly payments begin August 1 and continue September 7 through May 7.
3. If a child is registered after September 4th, tuition will be prorated. The first payment is due with registration. Subsequent payments are due the 7 of each month and may be extended to a June payment.
4. Parents must give forty-five (45) days notice of withdrawal to the Preschool office. If less than 45 days notice is given, parents are responsible for tuition for the 45 days from the date of written notification.
5. **There are no refunds or prorating of tuition after April 1.**
6. **August tuition installments are not refundable after July 1.**

(Please initial here) _____

Office Use Only			
Date reg. pd. _____	Ck. # _____	amn't. _____	
1 st tuition payment date _____	Ck # _____	amn't. _____	PreK Materials _____
Placement - class and date _____	Acknowledgment letter _____		

FORMS and PERMISSIONS

REQUIRED DOCUMENTATION - Due by August 15, 2018

The Commonwealth of Virginia requires each student to have on file:

- Proof of Identity (*via* birth certificate, hospital letter of birth, or passport) – a copy is put into the file.
- Health Form to include a complete physical and up-to-date immunizations (Ref. Code of Virginia § 22.1-270).
Students may not participate in classes without this form on file.

(Please initial here) _____

Family and Emergency Information Form – Please return to the Preschool office by August 15.

In the event your child becomes ill or injured, staff will attempt to first notify parents or call emergency contacts. If the event is deemed an emergency, the school will call 911. The FAMILY AND EMERGENCY INFORMATION form is shared with emergency responders.

In the event your child becomes ill, staff will attempt to first notify parents and the parent agrees to pick up their child in a timely manner. If parents cannot be reached, staff will call emergency contacts to pick-up the child.

***In case of an emergency, the school will contact 911.
Every attempt will be made to contact a parent, or designated emergency contact.***

(Please initial here) _____

Photograph Permission

During the school year, photos are taken of class activities, special events, for classroom displays, etc. Please initial on the line to give Bethany Lutheran Preschool permission to display in the classroom or hall, publish in print, on our website or on the Preschool Facebook page, photos that include your child.

(Please initial here) _____

Class Lists

Each student receives a list of classmates with contact information. This resource is great for coordinating play dates, helping with transportation needs, sending party invitations, etc. The class list will include the student's name, address, parent's names, address, phone number, and email address. Please initial on the line to give Bethany Lutheran Preschool permission to include your child's information on the class list.

(Please initial here) _____

Signature of parent or legal guardian _____ Date _____

FAMILY AND EMERGENCY INFORMATION

Page 1 of this form is shared with emergency responders.

Name of Child	Date of Birth	Gender
With whom does the child reside?		

PARENT/GUARDIAN INFORMATION	
FIRST CONTACT	SECOND CONTACT
Name	Name
Address	Address
Home phone	Home phone
Cell phone	Cell phone
Place of Employment	Place of Employment
Work phone	Work phone
E-mail address	E-mail address

Please list—in order—who to contact in case of emergency.		
Please list 2 local contacts, other than parents, who have permission to pick up your child from school.		
Name	Phone Numbers	Relationship to child

List all medications and dosages your child receives on a continual basis.

Name of medication	Dosage	Frequency	Behavioral affects (if any)

List any allergies your child may have

Allergy	Symptoms	Treatment	Special Concern

Current Health Conditions: Please indicate any current health conditions, including allergies, that need to be brought to the attention of emergency personnel: _____

My child's medical care is provided by _____ (Name of doctor, clinic, HMO) _____ (Phone)

Does your child have health insurance? _____

If yes, medical coverage is provided by _____ (Name of insurance company) _____ (ID/Group Number)

Name of Participant _____ Relationship to child _____

_____ Date _____

Parent or Legal Guardian

STUDENT INFORMATION
WE ARE A TREE NUT and PEANUT-FREE SCHOOL.

Names and ages of child's siblings _____

Primary language spoken at home _____

If not English, what is the national origin of your primary language? _____

What is your family's church affiliation (e.g. Lutheran, Christian, Muslim, none) _____

How did you learn about Bethany Lutheran Preschool? _____

If referred by a friend, what is their name? _____

Has your child previously attended preschool or day care? _____

List any physical concerns, pertinent developmental information, etc. that would affect participation in school activities.

Does your child receive developmental services or has developmental testing or services been recommended?

_____ If yes, please explain: _____

DEVELOPMENTAL MILESTONES

At what age did your child: crawl _____ walk _____ begin to feed self _____

say first words _____ use two-word phrases _____ use short sentences _____

Check the statements that describe your child. You may make any comments or clarifications.

<input type="checkbox"/>	Is generally happy
<input type="checkbox"/>	Enjoys playing with children his/her age
<input type="checkbox"/>	Is fully potty trained during the day
<input type="checkbox"/>	Dresses himself with minimal help
<input type="checkbox"/>	Can be left with a babysitter that is not a family member
<input type="checkbox"/>	Is very sensitive to certain sounds (ex. Vacuum, noise of large groups, music)
<input type="checkbox"/>	Can sit and listen to a storybook
<input type="checkbox"/>	Is comfortable with new people or places
<input type="checkbox"/>	Cries easily
<input type="checkbox"/>	Is very social
<input type="checkbox"/>	Can be understood when speaking to strangers or other non-family members
<input type="checkbox"/>	Is loved by family

Other information you would like to share about your child: _____

Parent signature _____ Date _____