



Highlands Preschool

www.highlandspreschool.com
701 Monroe Ave. NE
Renton, WA 98056
425-255-9422

Since 1953



2016-2017 Registration Packet

Welcome to Highlands Preschool! *Registration is as easy as 1-2-3!*

STEP 1: Reserve a Class Spot

Attend our in-person registration event in February 2016 to reserve a spot for your child. After this event, [email \(kbeckman@highlandspreschool.com\)](mailto:kbeckman@highlandspreschool.com) or call (425-255-9422) to find availability and reserve a class spot for your child. Once you have confirmation that your child has a spot, you may continue with the next step.

STEP 2: Submit Paperwork

Register and pay online at www.hpregistration2015.eventbrite.com. Alternatively, you can submit this registration packet in person, fax it to 206-984-4038, or drop it in our large black locking mailbox in the northwest corner of our parking lot (by the tree) 24 hours/day. There are four forms in this packet for you to complete:

1. **Registration Form** - Please be sure you have completed and signed BOTH pages of this form.
2. **"Getting to Know Your Child" Form** - Helps our teachers understand your child and welcome them.
3. **Certificate of Immunization Status (CIS) Form OR Certificate of Exemption (COE) Form** - A **completed and signed CIS or COE form is required by the State of Washington** to be on file before a student may attend. The CIS form does **NOT** require a doctor's signature—only yours. **Submitting a copy of your child's immunization records is not sufficient.** If you are unsure of how to fill out the CIS form, please fill it out to the best of your ability, SIGN it, and attach your child's records for us to check—**do not just submit the records.** If your child is exempt from immunizations for medical, personal, or religious reasons, please complete the COE form instead; the COE form **DOES** require a doctor's signature.
4. **Financial Agreement**. Please read carefully, complete the bottom, detach and **keep the yellow copy.**

STEP 3: Submit Payment

If you registered online, payment was included in the process. If you are submitting this registration packet, you can either attach a check or pay online at www.highlandspreschool.com/registration.html.

Amount due at registration includes a **\$75 nonrefundable registration fee**, along with the **last month's (May 2017) tuition**. **If you register after school has begun, the first month's tuition will also be due.** **Total Due at Registration (Registration Fee and Last Month's Tuition):**

All PS3 ("Early Threes") Classes:	\$235	• 3-Day (M/T/W) Classes, Full Day:	\$335
All PS1 ("Fours") and PS2 ("Threes") Classes:		• 5-Day (M-F) Classes, AM or PM:	\$370
• 2-Day (Th/F) Classes, AM or PM:	\$225	• 5-Day (M-F) Classes, Full Day:	\$515
• 2-Day (Th/F) Classes, Full Day:	\$300	• 3-Day, Full Day+2-Day, AM or PM:	\$460
• 3-Day (M/T/W) Classes, AM or PM:	\$250	• 3-Day, AM or PM+2-Day, Full Day:	\$445

DUE DATES

- **If you register *before* the start of school in September, paperwork and payment are due within TWO WEEKS of registration. PLEASE NOTIFY US IF YOU CHANGE YOUR MIND ABOUT REGISTERING YOUR CHILD OR NEED SOME ADDITIONAL TIME.**
- **If you register *after* the start of school in September, paperwork and payment are due two working days PRIOR TO your child's first day. We must have time to process all paperwork before your child starts.**

For more information on registration, tuition and all Highlands Preschool policies, please visit our website at www.highlandspreschool.com, and click on "Policies," or email kbeckman@highlandspreschool.com.



Highlands Preschool Registration Form

CONFIDENTIAL—All information is considered confidential. We value your privacy.

CONTACT AND CUSTODIAL INFORMATION

Child's First and Last Name (use name you want us to call them and post):

Gender (M/F):

Date of Birth:

Home Phone: ()

Street Address:

City:

Zip:

Email Addresses:

Child Lives with (check one): ☐ Both Parents ☐ Mother ☐ Father ☐ Other:

Name of Mother or
Guardian 1:

Name of Father or
Guardian 2:

Cell Phone: ()

Cell Phone: ()

Employer:

Employer:

Work Phone: ()

Work Phone: ()

Name of Emergency Contact (other than parents/
guardians listed above):

Emergency Contact's Phone (list all—home, cell, etc.):

PICK-UP AUTHORIZATION

Please list the names of persons other than parents/guardians authorized to pick up your child:

SECURITY ALERT

Please describe any living arrangements, custody issues or court orders we should be aware of or that you feel would be helpful to your child's teacher:

HEALTH INFORMATION

Name of Physician:

Physician's Phone: ()

Name of Medical Insurance:

Insurance Policy Number:

Name of Dentist:

Dentist's Phone: ()

Please fully describe any **ALLERGIES** or other **HEALTH ISSUES** that your child's teacher needs to be aware of
(please use the back of this sheet if you need additional room):

Any medications taken currently or regularly:

Does the child need medication, an inhaler, an EpiPen or other medical attention administered or kept at pre-school?

I hereby give my consent to any emergency medical, surgical, or dental treatment for my child deemed necessary by a doctor or physician. It is understood that the school will make a conscientious effort to locate parents prior to such treatment when possible.

X

Signature of Parent/Guardian:

Date:

TURN OVER FOR PAGE 2! →

Highlands Preschool Registration Form—Page 2

RACIAL DIVERSITY AND NONDISCRIMINATION INFORMATION

As a registered 501c3 nonprofit corporation, Highlands Preschool admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, scholarship program and other school-administered programs.

Child's Name:

In accordance with IRS Ruling 7.25.3.7.2 (02-23-1999), Racially Nondiscriminatory Requirement for Schools, please fill in child's racial/ethnic background information for our confidential Racial Diversity Records:

☐ Caucasian ☐ African American ☐ Asian ☐ Latino ☐ Multiracial ☐ Other

What language is spoken most in the child's home?

Does someone in the

child's home read English?

☐ Yes

☐ No

Does child speak English? ☐ Yes ☐ No

Does child *understand* English? ☐ Yes ☐ No

PRIVACY PREFERENCES AND RELEASES

We sometimes use preschool **PHOTOS** including children in our printed brochure and/or on our web site. We never use a child's picture without parental permission. We will also never list a child's name on the web site, even if we have your permission to use your child's picture. Do you give us permission to use a photo in which your child appears?

☐ Yes, I hereby **GIVE CONSENT** to Highlands Preschool to use and reproduce photographs of my child.

We distribute individual class lists with student names, addresses, phone numbers and email addresses for parents to use in setting up play dates, distributing invitations, etc. Do you give us permission to include your child?

☐ Yes, I hereby **GIVE CONSENT** to Highlands Preschool to include my child in the distributed class list.

We communicate with parents electronically. It is imperative that parents/guardians receive important preschool information. Do you give us permission to send to your email address and/or cell phone?

☐ Yes, I hereby **GIVE CONSENT** to Highlands Preschool to communicate to the **email address(es)** provided with monthly e-newsletters and important announcements.

☐ Yes, I hereby **GIVE CONSENT** to Highlands Preschool to communicate to the **cell phone number(s)** provided via text (SMS) and/or voice broadcast message with due date reminders and important announcements.

SURVEY AND SIGNATURE

Please help us in our advertising efforts by telling us how you heard about Highlands Preschool. Please mark all that apply. **If this is not your child's first year with us or if you have had previous children enrolled, please tell us how you FIRST heard about Highlands Preschool.**

☐ Family or friend referral

☐ Facebook

☐ Renton River Days parade

☐ Website/search engine

☐ Craigslist

☐ Renton Resident Guide

☐ Preschool Info. Night/Open House

☐ Drive by/saw sign

☐ Renton Reporter Ad

☐ Brochure at library

☐ Telephone book

☐ Other (please specify):

The information provided on this form is compete and accurate to the best of my knowledge. I understand and agree that I am responsible for paying tuition every month, regardless of my child's attendance, until I notify the preschool of my child's withdrawal or until the normal end of the school year.

X

Signature of Parent/Guardian:

Date:

FOR OFFICE USE ONLY:

☐ M/T/W ☐ AM ☐ PM ☐ Full T:

Grade: ☐ PS1 ☐ PS2 ☐ PS3

Reg. Date:

☐ Th/F ☐ AM ☐ PM ☐ Full T:

Payment: ☐ Online ☐ Check - #:

Total Paid: \$



Getting to Know Your Preschool Child

Dear Parents and Guardians:

Here are a few questions to help your child's teacher get to know your child and his/her needs. It also gives us a few things to talk about with your child should he/she feel anxious. If you have any specific questions or concerns, please feel free to contact us. We look forward to getting to know you and your child this school year!

Child's Name:

1. Is your child potty trained? ☐ YES ☐ NO

If yes, when your child has to go potty will he/she ask to go, or does he/she need to be reminded?

2. Do you expect your child to have separation anxiety? If so, how severe?

3. Please tell us a bit more about your child's personality. Are they outgoing, shy or slow to warm up?

4. What else would you like your child's teacher to know about your child?

5. Are there any personal/family situations that the teacher should be sensitive of (recent separations, deaths, etc.)?

6. Any concerns for this preschool year?

7. Does your child have any siblings? If so, please list names and ages:

8. Are you a returning Highlands Preschool family?



Certificate of Immunization Status (CIS)

DOH 348-013 January 2015

Office Use Only:

Reviewed by:

Date:

Signed Cert. of Exemption on file? ☐ Yes ☐ No

Please print. See back for instructions on how to fill out this form or get it printed from the Immunization Information System.

Child's Last Name: _____ **First Name:** _____ **Middle Initial:** _____ **Birthdate (mm/dd/yyyy):** _____ **Sex:** _____

Symbols below:
 ◆ Required for School and Child Care/Preschool
 ● Required for Child Care/Preschool Only
 ■ Recommended, but not required

I certify that the information provided on this form is correct and verifiable.

Parent/Guardian Signature Required _____ **Date** _____

I give permission to my child's school to share immunization information with the Immunization Information System to help the school maintain my child's school record.

Parent/Guardian Signature Required _____ **Date** _____

Vaccine	Dose	Date		
		Month	Day	Year
◆ Hepatitis B (Hep B)				
	1			
	2			
	3			
or Hep B - 2 dose alternate schedule for teens				
	1			
	2			
■ Rotavirus (RV1, RV5)				
	1			
	2			
	3			
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
	1			
	2			
	3			
	4			
	5			
◆ Tetanus, Diphtheria, Pertussis (Tdap)				
	1			
■ Tetanus, Diphtheria (Td)				
	1			
	2			
● Haemophilus influenzae type b (Hib)				
	1			
	2			
	3			
	4			
■ Influenza (flu, most recent)				

Vaccine	Dose	Date		
		Month	Day	Year
● Pneumococcal (PCV, PPSV)				
	1			
	2			
	3			
	4			
	5			
◆ Polio (IPV, OPV)				
	1			
	2			
	3			
	4			
◆ Measles, Mumps, Rubella (MMR)				
	1			
	2			
◆ Varicella (chickenpox)				
	1			
	2			
■ Hepatitis A (Hep A)				
	1			
	2			
■ Human Papillomavirus (HPV) – does not print from the IIS; write dates in by hand				
	1			
	2			
	3			
■ Meningococcal (MCV, MPSV)				
	1			
	2			

If the child named on this CIS had chickenpox disease (and not the vaccine), disease history must be verified.

Mark option 1, 2, OR 3 below (see # 5 on back)

1) ☐ Chickenpox disease verified by printout from the Immunization Information System (IIS)
 Must be marked by printout (not by hand) to be valid.

2) ☐ Chickenpox disease verified by healthcare provider (HCP)
 If you choose this box, mark 2A OR 2B below.

2A) ☐ Signed note from HCP attached OR

2B) ☐ HCP sign here and print name below:

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

3) ☐ Chickenpox disease verified by school staff from the Immunization Information System

If the child can show immunity by blood test (titer) and hasn't had the vaccine, ask your HCP to fill in this box.

Documentation of Disease Immunity

I certify that the child named on this CIS has laboratory evidence of immunity (titer) to the diseases marked.

Signed lab report(s) MUST also be attached.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Mumps	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Polio	
<input type="checkbox"/> Hepatitis B	<input type="checkbox"/> Rubella	
<input type="checkbox"/> Hib	<input type="checkbox"/> Tetanus	
<input type="checkbox"/> Measles	<input type="checkbox"/> Varicella	

Licensed healthcare provider signature _____ Date _____
 (MD, DO, ND, PA, ARNP)

Printed Name: _____

Instructions for completing the Certificate of Immunization Status (CIS): printing it from the Immunization Information System (IIS) or filling it in by hand.

#1 To print with information filled in: First, ask if your healthcare provider's office puts vaccination history into the WA Immunization Information System (Washington's statewide database). If they do, ask them to print the CIS from the IIS and your child's information will fill in automatically. **Be sure** to review all the information, **sign and date the CIS**, and return it to school or child care. If your provider's office does not use the IIS, ask for a copy of your child's vaccine record so you can fill it in by hand using steps #2-7 (below):

EXAMPLE

#2 To fill in by hand: Print your child's name, birthdate, sex, and your own name in the top box.

#3 Write each vaccine your child received under the correct disease. Write the vaccine type under the "Vaccine" column and the date each dose was received in the "Month," "Day," and "Year" columns (as mm/dd/yyyy). For example, if DTaP was received Jan 12, March 20, June 1, '11, fill in as shown here ►

#4 If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guide below to record each vaccine correctly. For example, record Pediarix under Diphtheria, Tetanus, Pertussis as **DTaP**, Hepatitis B as **Hep B**, and Polio as **IPV**.

#5 If your child had chickenpox (varicella) disease and not the vaccine, **use only one** of these three options to record this on the CIS:

- 1) ☐ If your child's CIS is printed directly from the IIS (by your healthcare provider or school), and disease verification is found, box 1 is automatically marked. To be valid, this box must be marked by the IIS printout (not by hand).
- 2) ☐ If your healthcare provider can verify that your child had chickenpox, mark box 2. Then mark either 2A to attach a signed note from your provider, or 2B if your provider signs and dates in the space provided. Be sure your provider's full name is also printed.
- 3) ☐ If school staff access the IIS and see verification that your child had chickenpox, they will mark box 3.

#6 Documentation of Disease Immunity: If your child can show immunity by blood test (titer) and has not had the vaccine, have your healthcare provider fill in this box. Ask your provider to mark the disease(s), sign, date, print his or her name in the space provided, and **attach signed lab reports**.

#7 Be sure to **sign and date the CIS**, and return to the school or child care.

Vaccine	Dose	Date		
		Month	Day	Year
◆ Diphtheria, Tetanus, Pertussis (DTaP, DTP, DT)				
DTaP	1	01	12	2011
DTaP	2	03	20	2011
DTaP	3	06	01	2011

Reference Guide

Vaccine Trade Names in alphabetical order (For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf)									
Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	FluLaval	Flu	Ipol	IPV	PedvaxHIB	Hib	Twinrix (Twnrx)	Hep A + Hep B
Adacel	Tdap	FluMist	Flu	Infanrix	DTaP	Pentacel (Pntcl)	DTaP + Hib + IPV	Vaqta	Hep A
Afluria	Flu	Fluvirin	Flu	Kinrix (Knrx)	DTaP + IPV	Pneumovax	PPSV or PPV23	Varivax	Varicella
Boostrix	Tdap	Fluzone	Flu	Menactra	MCV or MCV4	Prevnar	PCV or PCV7 or PCV13		
Cervarix	HPV2	Gardasil	HPV4	MenHibrix (Mnhbrx)	Meningococcal C/Y-HIB-PRP	ProQuad (PrQd)	MMR + Varicella		
Daptacel	DTaP	Havrix	Hep A	Menomune	MPSV or MPSV4	Recombivax HB	Hep B		
Engerix-B	Hep B	Hiberix	Hib	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)		
Fluarix	Flu	HibTITER	Hib	Pediarix (Pdrx)	DTaP + Hep B + IPV	RotaTeq	Rotavirus (RV5)		

Vaccine Abbreviations in alphabetical order (For updated lists, visit https://fortress.wa.gov/doh/cpir/iweb/homepage/completelistofvaccinenames.pdf)							
Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name	Abbreviations	Full Vaccine Name
DT	Diphtheria, Tetanus	Hep A (HAV) Hep B (HBV)	Hepatitis A Hepatitis B	MPSV or MPSV4	Meningococcal Polysaccharide Vaccine	Rota (RV1 or RV5)	Rotavirus
DTaP	Diphtheria, Tetanus, acellular Pertussis	Hib	<i>Haemophilus influenzae</i> type b	MMR / MMRV	Measles, Mumps, Rubella / with Varicella	Td	Tetanus, Diphtheria
DTP	Diphtheria, Tetanus, Pertussis	HPV	Human Papillomavirus	OPV	Oral Poliovirus Vaccine	Tdap	Tetanus, Diphtheria, acellular Pertussis
Flu (IIV or LAIV)	Influenza	IPV	Inactivated Poliovirus Vaccine	PCV or PCV7 or PCV13	Pneumococcal Conjugate Vaccine	TIG	Tetanus immune globulin
HBIG	Hepatitis B Immune Globulin	MCV or MCV4	Meningococcal Conjugate Vaccine	PPSV or PPV23	Pneumococcal Polysaccharide Vaccine	VAR or VZV	Varicella

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

DOH 348-013 January 2015

Certificate of Exemption

SIDE A:
For Religious, Personal,
Philosophical, and Medical
Exemptions¹

FOR OFFICE USE ONLY CHILD'S LAST NAME

FIRST NAME

M.I.

PART 1: PARENT OR GUARDIAN INSTRUCTIONS

In order for this form to be valid for religious, personal, philosophical, or medical reasons, please:

- Step 1:** Fill in your child's information in Boxes 1-4
- Step 2:** Read the Parent/Guardian Declaration
- Step 3:** Provide your initials where indicated
- Step 4:** Print your name, sign, and date in Boxes 5-6
- Step 5:** Have a provider complete Part 2 of this form

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

- ☐ Male
☐ Female

I am the parent or legal guardian of the above named child. One or more required vaccines are in conflict with my personal, philosophical, or religious beliefs.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ (initial)
- Exempting my child from any or all required vaccine(s) may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ (initial)
- The information provided on this form is complete and correct. _____ (initial)

5. Print Parent/Guardian Name

6. Parent/Guardian Signature and Date

PART 2: HEALTHCARE PROVIDER INSTRUCTIONS

In order for this form to be valid, please:

- Step 1:** Mark which disease(s) and what type of exemption is requested. If medical write a **T** for Temporary or **P** for Permanent.
- Step 2:** Discuss the benefits and risks of immunizations with the parent or guardian
- Step 3:** Read the Provider Declaration
- Step 4:** Print your name, credentials, sign, and date in Boxes 7-8

Disease	Personal/ Philosophical	Religious	Medical (T/P)**	Expiration Date for Temporary Medical
Diphtheria				
Hepatitis B				
Hib				
Measles				
Mumps				
Pertussis				
Pneumococcal				
Polio				
Rubella				
Tetanus				
Varicella				
All				

****A provider may grant a medical exemption only if there is a valid medical contraindication to a vaccine.**

Provider Declaration

I declare that:

- I have discussed the benefits and risks of immunizations with the parent/legal guardian as a condition for exempting their child.
- I am a qualified MD, ND, DO, ARNP or PA licensed under Title 18 RCW.
- The information provided on this form is complete and correct.

7. Print Provider Name and Credential (MD, ND, DO, ARNP, PA)

8. Provider Signature and Date

¹RCW 28A.210.080-090 "Before or on the first day of every child's attendance at any public and private school or licensed child care center in Washington State, the parent or guardian must present proof of either: (1) full immunization, (2) the initiation of and compliance with a schedule of immunization, as required by rules of the State Board of Health, or (3) a certificate of exemption signed by a parent or guardian and is either A) signed by a licensed healthcare provider or B) demonstrates membership in a church or religious body that precludes healthcare practitioners from providing medical treatment to children."

Certificate of Exemption

SIDE B:
For Religious Membership
Exemption ONLY

FOR OFFICE USE ONLY CHILD'S LAST NAME

NOTICE: Complete this side if you belong to a church or religion that objects to the use of medical treatment.¹

If you have a religious objection to vaccinations, but the beliefs or teachings of your church or religion allow for your child to be treated by medical professionals such as doctors and nurses, then you must use Side A of this Certificate of Exemption.

PARENT OR GUARDIAN INSTRUCTIONS

In order for this form to be legally valid for religious membership reasons, please:

Step 1: Fill in your child's information in Boxes 1-4

Step 2: Read the Parent/Guardian Declaration and provide your initials where indicated

Step 3: Provide the name of the church or religion of which you are a member, and print your name, sign, and date in Boxes 5-7

1. Child's Last Name

2. Child's First Name and Middle Initial

3. Birthdate (mm/dd/yyyy)

4. Gender

☐ M ☐ F

I am the parent or legal guardian of the above named child and I am exempting my child from all required vaccinations.

Parent/Guardian Declaration

I understand that:

- My child may not be allowed to attend school or child care during an outbreak of the disease that my child has not been fully vaccinated against. _____ **(initial)**
- Exempting my child from all required vaccines may result in serious illness, disability, or death to my child or others. I understand the risks and possible outcomes of my decision to exempt my child. _____ **(initial)**
- The information provided on this form is complete and correct. _____ **(initial)**

I affirm that I am a member of a church or religion whose teachings preclude healthcare practitioners from providing any medical treatment to my child.

5. Name of Church or Religion of Which You Are a Member

6. Print Parent/Guardian Name

7. Parent/Guardian Signature and Date

¹RCW 28A.210.090 "The parent of legal guardian demonstrates membership in a religious body or a church in which the religious beliefs or teachings of the church preclude a health care practitioner from providing medical treatment to the child."

FIRST NAME

M.I.



Highlands Preschool

www.highlandspreschool.com
701 Monroe Ave. NE
Renton, WA 98056
425-255-9422

Since 1953



Financial Agreement 2016-2017

Yearly Tuition

I understand that tuition is charged on an annual basis and pro-rated for children enrolling mid-year. I accept yearly tuition rates as listed below, with a discount of \$45 per year, per child for families with two or more students.

All Early Threes classes	\$1,440
2-Day (Th/F) classes, AM or PM	\$1,350
3-Day (M/T/W) classes, AM or PM	\$1,575
5-Day (M-F) classes, AM or PM	\$2,655
2-Day (Th/F) classes, Full Day	\$2,700
3-Day (M/T/W) classes, Full Day	\$3,150
5-Day (M-F) classes, Full Day	\$5,310
3-Day Full Day + 2-Day AM or PM	\$4,230
3-Day AM or PM + 2-Day Full Day	\$4,005

Monthly Installments

I understand that as a courtesy, I may pay yearly tuition in nine equal monthly installments and that these equal payments have nothing to do with the number of days class is in session that month or how many days my child is absent. I accept yearly monthly installments as listed below, with a discount of \$5 per month, per child for families with two or more students.

All Early Threes classes	\$160
2-Day (Th/F) classes, AM or PM	\$150
3-Day (M/T/W) classes, AM or PM	\$175
5-Day (M-F) classes, AM or PM	\$295
2-Day (Th/F) classes, Full Day	\$300
3-Day (M/T/W) classes, Full Day	\$350
5-Day (M-F) classes, Full Day	\$590
3-Day Full Day + 2-Day AM or PM	\$470
3-Day AM or PM + 2-Day Full Day	\$445

Registration Fee Payment

I understand that the yearly registration fee is \$75 per child, payable within two weeks of registration and prior to my child's first day. I understand that the registration fee is not refundable and may not be waived.

Last Month's Tuition Installment Payment

I agree to pay yearly tuition in full *or* the May 2017 tuition installment within two weeks of my child's registration, unless other arrangements have been made.

First Month's Tuition Installment Payment

I agree to pay the first month's tuition installment payment prior to my child's first day of class. If my child

enrolls on or after the 15th of a month, I understand that I will pay half that month's installment.

Additional Tuition Installment Payments

I agree to pay each additional monthly installment by the 1st of each month, by check or online. I understand that I may also sign up for monthly automatic recurring payments. I understand I will be charged a \$10 late fee if payment is not received by the 10th of each month, and a \$30 fee for any check returned for non-sufficient funds. I understand that if any payment is outstanding at the end of the month, my child may not attend unless I have made arrangements with the bookkeeper.

Extended Absences

If my child is going to miss an entire calendar month, I understand that I may pay half of that month's installment to hold my child's spot if I notify the Administrator at least two weeks prior to the 1st of that month.

Withdrawal

I understand that I must submit a Withdrawal Form at least two weeks prior to my child's last day. If I do not, I understand and agree that a half month's installment will be payable in addition to any outstanding tuition. I understand that if my child misses two weeks in succession and tuition has not been paid, my child's spot will not be held unless I have made arrangements with the bookkeeper.

I understand that if my child's last day is before the 15th of the month and I have submitted a Withdrawal Form two weeks in advance, I am only responsible for half that month's tuition installment, and any overpayment will be refunded to me. I understand that the prepaid May 2017 tuition installment is refundable only until January 1, 2017, and only with a Withdrawal Form. I understand that refunds may take up to three weeks.

Communication and Assistance

I understand that it is my responsibility to communicate with the staff if I have any tuition questions, if I am having difficulty paying, if my child will be absent for an extended period, or if I need to withdraw my child. I understand that I may contact either of the following:

- Erin Kleiber, Bookkeeper, 425-271-3917, ekleiber@highlandspreschool.com
- Karen Beckman, Administrator, 425-572-0167, kbeckman@highlandspreschool.com



Signature of Parent/Guardian: _____ Date: _____

Child's Name: _____

PRESCHOOL COPY - SUBMIT THIS PAGE WITH YOUR REGISTRATION PACKET!



Highlands Preschool

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425-255-9422

Since 1953



Financial Agreement 2016-2017

Yearly Tuition

I understand that tuition is charged on an annual basis and pro-rated for children enrolling mid-year. I accept yearly tuition rates as listed below, with a discount of \$45 per year, per child for families with two or more students.

All Early Threes classes	\$1,440
2-Day (Th/F) classes, AM or PM	\$1,350
3-Day (M/T/W) classes, AM or PM	\$1,575
5-Day (M-F) classes, AM or PM	\$2,655
2-Day (Th/F) classes, Full Day	\$2,700
3-Day (M/T/W) classes, Full Day	\$3,150
5-Day (M-F) classes, Full Day	\$5,310
3-Day Full Day + 2-Day AM or PM	\$4,230
3-Day AM or PM + 2-Day Full Day	\$4,005

Monthly Installments

I understand that as a courtesy, I may pay yearly tuition in nine equal monthly installments and that these equal payments have nothing to do with the number of days class is in session that month or how many days my child is absent. I accept yearly monthly installments as listed below, with a discount of \$5 per month, per child for families with two or more students.

All Early Threes classes	\$160
2-Day (Th/F) classes, AM or PM	\$150
3-Day (M/T/W) classes, AM or PM	\$175
5-Day (M-F) classes, AM or PM	\$295
2-Day (Th/F) classes, Full Day	\$300
3-Day (M/T/W) classes, Full Day	\$350
5-Day (M-F) classes, Full Day	\$590
3-Day Full Day + 2-Day AM or PM	\$470
3-Day AM or PM + 2-Day Full Day	\$445

Registration Fee Payment

I understand that the yearly registration fee is \$75 per child, payable within two weeks of registration and prior to my child's first day. I understand that the registration fee is not refundable and may not be waived.

Last Month's Tuition Installment Payment

I agree to pay yearly tuition in full *or* the May 2017 tuition installment within two weeks of my child's registration, unless other arrangements have been made.

First Month's Tuition Installment Payment

I agree to pay the first month's tuition installment payment prior to my child's first day of class. If my child

enrolls on or after the 15th of a month, I understand that I will pay half that month's installment.

Additional Tuition Installment Payments

I agree to pay each additional monthly installment by the 1st of each month, by check or online. I understand that I may also sign up for monthly automatic recurring payments. I understand I will be charged a \$10 late fee if payment is not received by the 10th of each month, and a \$30 fee for any check returned for non-sufficient funds. I understand that if any payment is outstanding at the end of the month, my child may not attend unless I have made arrangements with the bookkeeper.

Extended Absences

If my child is going to miss an entire calendar month, I understand that I may pay half of that month's installment to hold my child's spot if I notify the Administrator at least two weeks prior to the 1st of that month.

Withdrawal

I understand that I must submit a Withdrawal Form at least two weeks prior to my child's last day. If I do not, I understand and agree that a half month's installment will be payable in addition to any outstanding tuition. I understand that if my child misses two weeks in succession and tuition has not been paid, my child's spot will not be held unless I have made arrangements with the bookkeeper.

I understand that if my child's last day is before the 15th of the month and I have submitted a Withdrawal Form two weeks in advance, I am only responsible for half that month's tuition installment, and any overpayment will be refunded to me. I understand that the prepaid May 2017 tuition installment is refundable only until January 1, 2017, and only with a Withdrawal Form. I understand that refunds may take up to three weeks.

Communication and Assistance

I understand that it is my responsibility to communicate with the staff if I have any tuition questions, if I am having difficulty paying, if my child will be absent for an extended period, or if I need to withdraw my child. I understand that I may contact either of the following:

- Erin Kleiber, Bookkeeper, 425-271-3917, ekleiber@highlandspreschool.com
- Karen Beckman, Administrator, 425-572-0167, kbeckman@highlandspreschool.com

PARENT COPY - KEEP THIS COPY FOR YOUR INFORMATION!