



Registration Information 2024-25 School Year

School Days:

Monday—Thursday 9: - 12:00

Enrollment requirements

Preschool Class: Children who are completely potty trained and 3 years old by Aug. 31st.

Pre K Class: Children who are completely potty trained and 4 years old by Aug. 31st

Registration

Fee: The registration fee is \$80 and it is non-refundable. This fee will reserve your child's place in the class and will cover the cost of all supplies except a backpack.

Tuition: Tuition is based on an annual fee, which has been broken into 10 monthly payments (September-June)

Tuition: \$275.00 per month or \$2750 per year

Paperwork: 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
gebc.school@gebc.church

Contact: Fray Davis, Program Director



Photo Permission

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 sometimes these wind up on social media. 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 Program 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 _____



Permission to Pick up

I give my permission for _____ to be picked up by the following people

Name

Relationship to child

phone #

<u>Name</u>	<u>Relationship to child</u>	<u>phone #</u>

Parent Signature

Date

How did you hear about
our School?

Graham Emmanuel School

Registration Form School Year 2024-25

Registering for:

- Preschool
- Pre K

Student Information

Full Name: _____

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 _____

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 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.

Emergency contact person: _____ Phone: _____

Parent/Guardian's signature: _____ Date: _____

Relationship to the child: _____