



# Registration Information 2026-27 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. 31<sup>st</sup>.

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

## *Registration*

**Fee:** The registration fee is \$100 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: \$300.00 per month or \$3000 per year

**Paperwork:** Please complete the attached registration forms and return them with your registration fee to:

Graham Emmanuel School  
22316 106<sup>th</sup> Ave E  
Graham, WA 98338

Contact Number:  
253-224-5238  
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, 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 2026-27

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: \_\_\_\_\_

Relationship to child \_\_\_\_\_

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_