



**Good Samaritan School  
Student Enrollment Form  
2024/2025**

CHILD'S FULL NAME: \_\_\_\_\_ NICKNAME: \_\_\_\_\_ D.O.B. \_\_\_\_\_

ADDRESS – STREET, CITY, STATE, ZIP: \_\_\_\_\_

PRIMARY LANGUAGE SPOKEN AT HOME: \_\_\_\_\_ GENDER: ( ) MALE ( ) FEMALE

**MOTHER/ LEGAL GUARDIAN'S NAME:** \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

PRIMARY ADDRESS – STREET, CITY, STATE, ZIP: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ ALTERNATE PHONE NUMBER: \_\_\_\_\_

**FATHER / LEGAL GUARDIAN'S NAME:** \_\_\_\_\_ CELL PHONE NUMBER: \_\_\_\_\_

PRIMARY ADDRESS – STREET, CITY, STATE, ZIP: \_\_\_\_\_ HOME PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ ALTERNATE PHONE NUMBER: \_\_\_\_\_

DOES CHILD RESIDE WITH BOTH PARENTS / LEGAL GUARDIANS? ( ) YES ( ) NO

**LOCAL EMERGENCY CONTACTS/AUTHORIZATION TO RELEASE**

**This information grants Good Samaritan School the authority to release your child to the following individuals as granted by the Parent(s)/Guardians listed above. Proper identification will be required at time of pick-up.**

**1. AUTHORIZED INDIVIDUAL'S NAME:** \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

**2. AUTHORIZED INDIVIDUAL'S NAME:** \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

**3. AUTHORIZED INDIVIDUAL'S NAME:** \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_

RELATIONSHIP TO CHILD: \_\_\_\_\_

**PARENT/LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

Office use only:

Enrollment Date: \_\_\_\_\_

Student's Schedule \_\_\_\_\_

# Enrollment/Tuition Agreement 2024/2025

<b>Child's Name:</b> _____	<b>DOB:</b> _____
<b>Parent Name:</b> _____	<b>Email:</b> _____
<b>Enrolling for: (Age Group)</b> <b>30 mo</b> (by date of enrollment) ___ <b>3's</b> (3 by 8/31/24) ___ <b>PreK</b> (4 by 8/31/24) ___	
<b>Hours:</b>	<input type="checkbox"/> <b>Before School Care</b> (8:00am-9:00am) <input type="checkbox"/> <b>9:00 – 1:00</b> <input type="checkbox"/> <b>9:00 – 3:00</b> <input type="checkbox"/> <b>After School Care</b> (3:00pm-5:00pm)
<b>Days:</b>	<b>Monday</b> <b>Tuesday</b> <b>Wednesday</b> <b>Thursday</b> <b>Friday</b> Please circle the specific days you would like your child to attend

**Enrollment Policies** (Please Initial)

\_\_\_ **Registration Fees:** A non-refundable registration fee of \$200 (\$100 for each additional child) is due at time of registration. Tuition for September 2024 is due on June 1, 2024, and is non-refundable. Tuition for June 2025 is due on July 1, 2024, and becomes non-refundable on January 31, 2025.

**Discounts:**

- Families enrolling multiple students will receive a 10% sibling discount on the lowest tuition rate.
- Families in good standing with Good Samaritan Church will receive a 10% discount

\_\_\_ **Changes to enrollment:** A 30-day written notice is required for any change in your child's enrollment schedule. Increasing hours or changing the days your child attends will be accommodated (free of charge) as long as space is available. **Reducing hours** will result in a **one-time fee equal to the difference between existing schedule/tuition and requested change in schedule/tuition.**

**Tuition Policies** (Please Initial)

\_\_\_ **Tuition is due** the first of each month, paid via Brightwheel or personal check/cash. A late fee of **\$25.00 will apply after the 10<sup>th</sup>.**

\_\_\_ **Tuition for students enrolling after the 15<sup>th</sup> of the month** will be charged a pro-rated amount of half month's tuition

\_\_\_ **Monthly tuition rates are based on a 10-month average.** We do not adjust tuition for holiday closures, child illness, or family vacations of less than 30 days.

\_\_\_ **Late Pick-Up Fee** - \$1.00 per minute after the first five minutes of late pick-up. (*Applies to all students picked up after their registered time.*)

\_\_\_ **Make-Up Days:** Due to state mandated teacher/child ratio's as well as insurance issues, we do not allow "make-up" days for children missing class due to illness or family vacations.

\_\_\_ **Vacation/ Extended Leave:** We recognize the importance of family vacations as well as unexpected trips that arise. We will honor a 50% tuition discount for one month (30 days) for a family who is gone for a minimum of four consecutive weeks. If you are gone longer than four weeks, the full month's tuition for the following month will be due to hold your child's spot.

\_\_\_ **Withdrawal from Program:** Good Samaritan School requires a 30-day written notice of withdrawal from the program for any reason. If a family withdraws after the 30-day timeframe, they are responsible for the **full month's tuition.**

**I have read Good Samaritan Preschool's Enrollment/Tuition Policies & Procedures and agree to all terms and conditions:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

Reg fee rec'd \_\_\_\_\_ BW/Ck# \_\_\_\_\_ \$ \_\_\_\_\_ Sept/June Tuition rec'd \_\_\_\_\_ BW/Ck# \_\_\_\_\_ \$ \_\_\_\_\_



## Good Samaritan School Student Health History Form

CHILD'S FULL NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARENT/LEGAL GUARDIAN'S NAME: \_\_\_\_\_

NAME OF CHILD'S PHYSICIAN/ MEDICAL PROVIDER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF LAST **PHYSICAL** EXAM: (REQUIRED) \_\_\_\_\_

NAME OF CHILD'S DENTIST: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

DATE OF LAST **DENTAL** EXAM: (REQUIRED) \_\_\_\_\_

KNOWN ALLERGIES: \_\_\_\_\_

ALLERGY SYMPTOMS: \_\_\_\_\_

METHOD OF TREATMENT: \_\_\_\_\_

**IN CASE OF SEVERE ALLERGY, AN EMERGENCY CARE PLAN FORM MUST ALSO BE FILLED OUT AND ON FILE**

DOES YOUR CHILD HAVE ANY LIFE THREATENING MEDICAL CONDITIONS THAT REQUIRES AN INDIVIDUAL HEALTH PLAN? Y/N

**IF YES, A COPY OF CHILD'S INDIVIDUAL HEALTH PLAN FROM THE CHILD'S PHYSICIAN MUST BE ON FILE**

IS CHILD CURRENTLY ON ANY MEDICATION? Y/N \_\_\_\_\_ IF YES, PLEASE LIST \_\_\_\_\_

DOES YOUR CHILD HAVE ANY HEALTH OR DEVELOPMENTAL CONCERNS WE SHOULD BE AWARE OF? (Y/N) \_\_\_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

DIETARY RESTRICTIONS OR CULTURAL FOOD PREFERENCES: \_\_\_\_\_

**PARENT / LEGAL GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Office Use Only:

IF APPLICABLE:

EMERGENCY CARE PLAN ON FILE/RECEIVED \_\_\_\_\_ INDIVIDUAL HEALTH PLAN ON FILE/RECEIVED \_\_\_\_\_

Date/Initials

Date/Initials

1/24



## Good Samaritan Preschool Food and Snack Agreement, Authorization and Release

**Per licensing guidelines set by the Washington State Department of Children, Youth, and Families (DCYF)**

We, the parents / legal guardians of \_\_\_\_\_, child(s) name, agree to provide nutritious snacks and lunch for our child while attending Good Samaritan Preschool.

- **Snack should include** at least two of the following food groups:
  - Milk (4 oz/1/2 cup)
  - Meats/Meat Alternatives (1/2 oz)
  - Vegetables (1/2 cup)
  - Fruits (1/2 cup)
  - Grains (½ oz)
- **Lunch should include:**
  - Milk (6 fl oz or ¾ cup)
  - Meats/Meat Alternatives (1 ½ oz)
  - Vegetables (1/4 cup)
  - Fruits (1/4 cup)
  - Grains (1/2 oz)

*\*Please see attached USDA sample meal recommendations for children ages 3-5.*

*\*\*Good Samaritan School will provide milk at snack time.*

*\*\*\*GOOD SAMARITAN IS A **NUT FREE** SCHOOL.*

We give permission for our child to consume food prepared, cooked, or baked by another child's parent, guardian, or faculty in our program for special occasions, such as student birthdays and cultural holidays.

Please initial here: \_\_\_\_\_

This authorization shall remain in effect until the above child is withdrawn from Good Samaritan Preschool, unless it is revoked in writing to the Associate Head of school or Program Director.

As the parent / legal guardian, you agree to inform Good Samaritan Preschool immediately if the child listed above develops any food allergies, diabetes or other condition that could affect their diet.

We release and forever discharge Good Samaritan Preschool, church, employee, and agents from any liability arising in law or equity from any or all causes of action, claims, or demands of whatever kind (including but not limited to bodily and personal injuries and death) arising from or related to the food or snack service authorized by this form.

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Parent/Legal Guardian Signature

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Date



## Good Samaritan Preschool

### Oral Health Participation Form

The State of Washington has issued new regulations for licensed preschool programs that include a requirement for early learning providers to offer children the opportunity for developmentally appropriate tooth brushing. This regulation is intended to help children learn about the importance of good oral health and help address the incidence of tooth decay among young children in Washington State.

Good Samaritan Preschool must comply with this regulation. However, parents may choose to “opt-out” of having their child brush teeth at school. Please check the box below to indicate your preference. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child’s file.

I do not wish to have my child participate in tooth brushing while in school at Good Samaritan Preschool.

I do wish to have my child participate in tooth brushing while in school at Good Samaritan Preschool.

Child’s Name: \_\_\_\_\_

Parent/Guardian’s Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** If you choose to have your child brush their teeth at school, please provide a toothbrush in an enclosed case that will go home daily to be cleaned/sanitized. Toothbrushes will be stored in a manner that prevents cross contamination.



**Good Samaritan School  
Photo Release**

I consent that photographs and video footage of my child taken at the Good Samaritan School or at an event hosted by the Good Samaritan School or church may be used by the school for the following reasons. (Please check all that apply.)

\_\_\_\_\_ **Brightwheel App** – This is used for the sole purpose of relaying information and posting individual and occasional group pictures, to registered families only, within a specific classroom. These pictures are uploaded to your child’s profile **and are visible only to you**. For the safety and security of every student, we ask that you not copy or redistribute any pictures that include the face of any child other than your own.

\_\_\_\_\_ **Early Achievers Video Highlights** – We are a proud participant in Washington State’s Early Achievers Quality Rating Program, working in partnership with “Cultivate Learning” at the University of Washington. Our joint objective is to improve the quality of early learning care for preschoolers. A key component of this program is providing feedback to teachers regarding their strengths and opportunities for growth. This requires our school to submit short, 10 – 15-minute videos of a lesson/activity, which is viewed by the teacher (as a self-assessment tool) and a UW professional, who will provide quality feedback. Our teachers are the main focus of these videos, but it is likely that your child will appear in them as well. All videos submitted to UW are done through a secure portal, only to be viewed by a Cultivate Learning professional.

\_\_\_\_\_ **In School** - Pictures posted within the school or classroom showing daily activities and special events.

**I agree that I will not post publicly in any form (including print, electronic, social media) any images of any children enrolled at Good Samaritan School other than my own.**

Child’s Full Name: \_\_\_\_\_

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date



## GOOD SAMARITAN PRESCHOOL

# Policy Acknowledgement

The signature below confirms my understanding of the Good Samaritan application for admission, school policies, closure dates, my tuition responsibilities, as well as confirms that I have received and read the \*Family Handbook (which includes the school's health policy).

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Parent/Legal Guardian Signature

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Date

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Parent/Legal Guardian Signature

---

Date

**\*Family Handbook will be emailed to families unless a hard copy is requested.**

## **Good Samaritan Preschool Getting to Know Your Child**

Child's Name: \_\_\_\_\_

What name will your child go by at school? (This is the name they will be taught to write and displayed around the classroom.) \_\_\_\_\_

Is this your child's first preschool experience? If not, please describe previous experiences and where your child last attended. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are there any fears or concerns your child might have? \_\_\_\_\_  
\_\_\_\_\_

Is your child potty-trained? \_\_\_\_\_

Does your child nap? \_\_\_\_\_

What are your child's favorite toys/activities/storybooks at home? \_\_\_\_\_  
\_\_\_\_\_

What are your child's favorite healthy or cultural snacks? \_\_\_\_\_  
\_\_\_\_\_

Does your child have siblings? If so, what are their names/ages? \_\_\_\_\_  
\_\_\_\_\_

Does your child have any pets? If so, which types, and what are their names? \_\_\_\_\_  
\_\_\_\_\_

What are your child's strengths? \_\_\_\_\_  
\_\_\_\_\_

Tell us about the goals you have for your child's time here at Good Sam. \_\_\_\_\_  
\_\_\_\_\_

What is the primary language spoken at home? \_\_\_\_\_

Anything else you would like to share with us? Feel free to use the reverse side of this paper. \_\_\_\_\_  
\_\_\_\_\_

Date Completed: \_\_\_\_\_

**Thank you!**



## Tuition Rates 2024-2025

Good Samaritan Preschool offers programs for children 30 months to 6 years of age. Our flexible schedule allows you to enroll your child for the days and hours that work best for your family.

9:00am - 1:00pm 30 months to 5 years	
Number of Days	Rate
*1	\$185
2	\$390
3	\$500
4	\$620
5	\$745
9:00am - 3:00pm 30 months to 5 years	
Number of Days	Rate
*1	\$270
2	\$585
3	\$765
4	\$935
5	\$1120
Before School Care 7:00-9:00am OR After School Care 3:00-5:00pm	
Number of Days	Rate
1	\$71
2	\$143
3	\$214
4	\$285
5	\$357

**A non-refundable registration fee of \$200 for the first child and \$100 for each additional child is due at the time of registration.**

**\*Minimum 2-day enrollment required. One day rates may be ADDED to a multiple day schedule.**

**Discounts:**

- Families enrolling multiple students will receive a 10% discount on the lowest tuition rate.
- Families in good standing with Good Samaritan Episcopal Church will receive a 10% discount.