



**Good Samaritan School  
Student Enrollment Form  
2025/2026**

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)/Guardian(s) listed above. Proper identification will be required at the 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: \_\_\_\_\_

**Good Samaritan School  
Enrollment/Tuition Agreement  
2025/2026**

<b>Child's Name:</b> _____	<b>DOB:</b> _____
<b>Parent's Name:</b> _____	<b>Email:</b> _____
<b>Age Group Enrolling for:</b> 30 mo (by date of enrollment) ____ 3's (3 by 8/31/25) ____ PreK (4 by 8/31/25) ____	
<b>Hours:</b> <input type="checkbox"/> 8:00 – 1:00pm <input type="checkbox"/> 8:00 – 3:00pm <input type="checkbox"/> 8:00 – 5:00pm <input type="checkbox"/> Nap room requested? Y/N <input type="checkbox"/> 9:00 – 1:00pm <input type="checkbox"/> 9:00 – 3:00pm <input type="checkbox"/> 9:00 – 5:00pm	
<b>Please circle the specific days you would like your child to attend:</b> Monday    Tuesday    Wednesday    Thursday    Friday	
<b>Are you able to be flexible with your child's schedule?</b> Yes/No	

**Enrollment Policies** (Please Initial)

\_\_\_\_ **Registration Fees:**

A non-refundable registration fee of \$250 (\$150 for each additional child) is due at time of registration. Tuition for September 2025 is due on June 1, 2025, and is non-refundable. Tuition for June 2026 is due on July 1, 2025, and becomes non-refundable on January 31, 2026.

**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:** 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 calculated by dividing the yearly tuition fee into 10 equal monthly payments.** We do not adjust tuition for holiday closures, child illness, school closures, or family vacations of less than 30 days.

\_\_\_\_ **Late Pick-Up Fee:** Following a 5-minute grace period, all students picked up after their registered time will be charged at a rate of \$3.00 per minute.

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

\_\_\_\_ **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. This discount may be used once between September 2025 and June 2026.

\_\_\_\_ **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 Agreement Policies and agree to all terms and conditions:**

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

**Print Full Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**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 THE CASE OF SEVERE ALLERGY, AN EMERGENCY CARE PLAN FORM MUST ALSO BE FILLED OUT AND ON FILE PRIOR TO THE FIRST DAY OF SCHOOL.**

DOES YOUR CHILD HAVE ANY LIFE-THREATENING MEDICAL CONDITIONS THAT REQUIRE 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



## Good Samaritan School

### Consent To Medical Care and Treatment Of A Minor Child

I, \_\_\_\_\_, (parent or legal guardian) hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment to include first aid and CPR by a qualified childcare staff member at Good Samaritan Preschool.

I authorize and consent to medical, surgical, and hospital care, including treatments and procedures, for my child as deemed immediately necessary or advisable by my child's regular physician. If the regular physician is unavailable, I consent to care provided by a licensed physician or hospital. This authorization is granted in situations where safeguarding my child's health requires immediate action, and I cannot be reached. I waive my right to informed consent for such treatment.

I also give permission for my child to be transported by ambulance or aid to an emergency center for treatment.

Parent/Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(Please print)

Parent/Guardian Signature: \_\_\_\_\_



**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 lunches for our child while attending Good Samaritan Preschool.

• **Snack should include (at least two of the following food groups):**

- Milk (4 oz/ ½ cup)
- Meats/Meat Alternatives ( ½ oz)
- Vegetables ( ½ cup)
- Fruits ( ½ cup)
- Grains (½ oz)

• **Lunch should include:**

- Milk (6 fl oz or ¾ cup)
- Meats/Meat Alternatives (1 ½ oz)
- Vegetables ( ¼ cup)
- Fruits ( ¼ cup)
- Grains ( ½ oz)

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

*\*\*Good Samaritan School will provide milk at lunch 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 Head 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, employees, 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.

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

\_\_\_\_\_  
Date



## Good Samaritan Preschool

### Oral Health Participation Form

The State of Washington requires 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 to 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. If you choose to have your children 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.

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: \_\_\_\_\_



**Good Samaritan School  
Photo Release and Agreement**

I give my consent to ensure 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, who will provide quality feedback. Our teachers are the 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 are posted within the school or classroom showing daily activities and special events.

**Further, I agree that I will not post publicly in any form (including print, electronic, and/or 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

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





## Good Samaritan School

Minor Waiver/Release

### RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

#### READ BEFORE SIGNING

IN CONSIDERATION OF \_\_\_\_\_, my child/ward,

*Name of Minor Child/Ward*

being allowed to participate in Good Samaritan Preschool and all activities related thereto (collectively, the "Preschool"), undersigned in full recognition and appreciation of the dangers, risks and hazards involved in the Preschool, for MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my child's participation in the Preschool and all related activities; and, I willingly agree to comply with the Preschool's stated and customary terms and conditions for participation.

I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Preschool, Good Samaritan Episcopal Church, its vestry members, officers, agents, employees, volunteers, other participants, if applicable ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my or my child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

\_\_\_\_\_  
(PARENT/GUARDIAN SIGNATURE)

\_\_\_\_\_  
(PRINT NAME)

Date Signed: \_\_\_\_\_

**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 will be 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 is your child's favorite healthy or cultural snack? \_\_\_\_\_

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!**

# PRESCHOOL

## 2025-2026 Tuition Rates

	1 Day	2 Days	3 Days	4 Days	5 Days
8am - 1pm					
Annually	\$2,512.50	\$5,025.00	\$6,750.00	\$8,559.00	\$10,000.00
Monthly	\$251.25	\$502.50	\$675.00	\$855.90	\$1,000.00

8am - 3pm					
Annually	\$3,515.00	\$7,030.00	\$9,417.60	\$11,637.00	\$14,000.00
Monthly	\$351.50	\$703.00	\$941.76	\$1,163.70	\$1,400.00

8 am- 5pm					
Annually	\$4,320.00	\$8,640.00	\$11,728.80	\$14,715.00	\$18,000.00
Monthly	\$432.00	\$864.00	\$1,172.88	\$1,471.50	\$1,800.00

9am - 1pm					
Annually	\$2,107.50	\$4,215.00	\$5,500.00	\$6,750.00	\$8,000.00
Monthly	\$210.75	\$421.50	\$550.00	\$675.00	\$800.00

9am - 3pm					
Annually	\$3,160.00	\$6,320.00	\$8,250.00	\$10,100.00	\$12,000.00
Monthly	\$316.00	\$632.00	\$825.00	\$1,010.00	\$1,200.00

9am - 5pm					
Annually	\$3,930.00	\$7,860.00	\$10,570.00	\$13,180.00	\$16,000.00
Monthly	\$393.00	\$786.00	\$1,057.00	\$1,318.00	\$1,600.00

- **A non-refundable registration fee of \$250 for the first child and \$150 for each additional child is due at the time of registration.**
- **Minimum 2-day enrollment required.**  
One-day rates may be ADDED to a multi-day schedule.
- **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.**