



Family of Christ Christian Preschool

3500 NW 129th St ~ Vancouver WA 98685 ~ 360-546-0731

2026-2027 Enrollment Form

2's Class: M/T 8:30-11:30 _____

3's Classes: TH/F 3's AM 8:30-11:30 _____ W/Th/F 3's 8:30-11:30 _____

4's Classes: M/T/W 4's AM 8:30 - 11:30 _____

M/T/W/Th 4's AM 8:30-11:30 M/T/W/Th 4's AM 8:30-12:30 _____

Childs Name: _____

Child's Birthdate: ____/____/____ Girl _____ Boy _____

Address: _____ City: _____ Zip: _____

Primary Contact Number _____

Email Address: _____

Parent's Name: _____

Parent's Cell: _____ Parent's Work: _____

Parent's Name: _____

Parent's Cell: _____ Parent's Work: _____

Emergency Contacts (other than parent)

Name: _____ Relationship: _____

Phone: _____

Authorized to pick your child up from school: Yes _____ No _____

Name: _____ Relationship: _____

Phone: _____

Authorized to pick your child up from school: Yes _____ No _____

Name: _____ Relationship: _____

Phone: _____

Authorized to pick your child up from school: Yes _____ No _____

All volunteers must complete a WSP background check form prior to volunteering.



Program Information:

Does your child have allergies? Yes_____ No_____

If yes please explain_____

Does your child have special needs? Yes_____ No _____

If yes please explain_____

Family Background

Names and Ages of Siblings:

_____ Age_____ _____ Age _____

_____ Age_____ _____ Age _____

_____ Age_____ _____ Age _____

Other's living in the home:

What does your child enjoy doing?

What are a few of your child's favorite playthings?

Any major changes in the last year to your child's life (moved, new baby etc.)

Developmental Record (attach additional pages if needed)

Physical/health limitations?

Any speech/language concerns?

Has your child had any previous group experience? Yes_____ No _____

If yes, what ages and types of groups?

Please share any other information that you think your teachers may need to know?



Medical Release and Emergency Information

I, (we) the parents or legal guardians of _____ do hereby authorize and consent to medical treatment deemed necessary in the event of emergency, accident or sudden illness.

Physician Preference _____ Phone _____

Hospital Preference _____ Phone _____

Medical Insurance company _____

Dentist Preference _____ Phone _____

Dental Insurance company _____

Medication required or being taken on a regular basis _____
(FOCCP will not administer Medications without face to face meeting with Dr.)

Signature _____ Date _____

I, (we) will not hold Family of Christ Christian Preschool and or Family of Christ Lutheran Church responsible or liable for any action deemed necessary in the emergency care of my (our) child. I, (we) will assume any and all expenses incurred by such emergency care.

Signature _____ Date _____

Family of Christ Photo Release

I am aware that Family of Christ Christian Preschool takes pictures of the children enrolled throughout the year at preschool. I acknowledge that these photos can be used in Newsletters, Advertising, Website, and for classroom usage.

Yes _____ my child's pictures can be taken and displayed in above mentioned ways.

No _____ my child's pictures cannot be taken and displayed in above mentioned ways.



Family of Christ Christian Preschool Preschool Goals

While our goal is to expose your child to a variety of experiences and skills building on developmental miles stones for their age, we would like to know what is important to you regarding your child's development during the school year.

What are some of the goals you would like to see FOCCP working on with your child?

Social: _____

_____.

Emotional: _____

_____.

Physical: _____

_____.

Cognitive: _____

_____.

Spiritual: _____

_____.