

Welcome to  
**The City Kids Kindergarten**  
A Ministry of the City Church  
Sheryl Nelson, Director  
9051 132<sup>nd</sup> Ave. NE  
Kirkland, WA 98033

The following information, birth date guidelines, are for the 2008-2009 school year

**Kindergarten Classes:** Entering Kindergarten your child should be 5 by August 31, 2008

Thank you for partnering with The City Kids Kindergarten in your child's educational process. Kindergarten is a time of building a strong foundation and nurturing a lifelong love of learning that lead to success in later years. In this program children will develop their gifts, talents, and healthy social skills. Central to our mission is equipping students with a biblical world view in a Christ-centered environment by committed Christian teachers. We are dedicated to excellence in each student's cognitive, social, spiritual and physical development. Our teachers are state certified and credentialed. It is our goal to come alongside you as a parent to help see your child grow into the person God created them to become.

The class has one assistant and one lead teacher with a class size limited to 20 children. This class meets Monday through Thursday, 9:00am-3:00pm and is **\$575 non-member, \$550 City Church member, paid in ten monthly payments (August to May)**. There are no half-day sessions available.

## Fee Schedule

- **Registration Fee** is non-refundable, \$250 non member, \$200 City Church member.
- **Materials Fee** is \$150 per student and non-refundable after July 31<sup>st</sup>.
- **Building Fee** is \$150 per family and is non-refundable after July 31<sup>st</sup>.
- **Tuition Fee** is \$575 non member, \$550 City Church member and is paid in 10 monthly payments.
- **City Kids Club** is not offered for Kindergarten due to the full day session for this class.

*Please carefully review this checklist and each of the registration packet forms. If you have any questions regarding the program, please contact The City Kids Kindergarten Director, Sheryl Nelson, 425.739.1227, [sheryl.nelson@thecity.org](mailto:sheryl.nelson@thecity.org); any questions regarding registration please contact Teri Brunory, Director of Finance, 425.739.1198, [teri.brunory@thecity.org](mailto:teri.brunory@thecity.org).*

Please complete these forms and return them to The City Church accounting office with the registration, materials, building fees (\$550 non-City Church member/\$500 City Church member) in order to secure your child's space for the 2008-2009 school year.

- Student Information and Enrollment Application form:** Fill out completely, sign, and date.
- Allergy Review form:** Fill out completely, sign, and date (even if your child has no known allergies).
- Medical Consent & Information form:** Fill out completely, sign, and date.
- Emergency Contact Information form:** Please provide two or more emergency contacts. Fill out completely, sign, and date.
- Authorization and Release and Waiver of Liability form:** Please initial each paragraph where indicated, sign, and date.
- Parent Questionnaire:** Please fill out completely, sign and date.
- Financial Policies Agreement:** Fill out completely, sign, date, and keep a copy for your records.
- Immunization form:** Please fill out the form included with this packet (no copies of other records are acceptable) with every immunization your child has received.

**For Volunteers Only:** If you would like to volunteer in the kindergarten class, please fill out the Volunteer Application form available from The City Kids Kindergarten office. Every volunteer must have an approved application on file, including a background check.

**Student Information and Enrollment Application**

Today's Date: \_\_\_\_\_

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

Child's Preferred Name (if applicable): \_\_\_\_\_

Child's Birth Date: \_\_\_\_\_ Please Circle: Boy Girl

Home Address, City, Zip: \_\_\_\_\_

\_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Father has permission to pick up child: Yes No

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Mother has permission to pick up child: Yes No

Language(s) spoken at home: \_\_\_\_\_

Church membership or attendance: (please list name of church) \_\_\_\_\_

Allergy Information (Please check one):

\_\_\_\_\_ My child has no known allergies \_\_\_\_\_ My child is allergic to or has the following food

restrictions\*: \_\_\_\_\_

*\*For other allergies, please see the Allergy Review form.*

Date of child's last physical exam: \_\_\_\_\_

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

Physician's Address: \_\_\_\_\_

Physician's Phone: (     ) \_\_\_\_\_

I hereby apply for enrollment of my child, \_\_\_\_\_, in The City Kids Kindergarten for the 2008-2009 school year. I agree to fully comply with all of the policies, procedures and requirements of The City Kids Kindergarten as now in effect or as updated from time-to-time. I understand that this application and my child's enrollment are subject to the acceptance of the school, which is a ministry of The City Church.

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please print your full name** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Registration Fee	
Materials Fee	
Building Fee	
<b>TOTAL DUE AT REGISTRATION</b>	

