

Redeemer Lutheran Preschool 2025-2026





858 West Smith Road Bellingham, Washington 98226 Phone: 360-384-5923 Email: office@redeemerbellingham.com Website: www.redeemerbellingham.com

> Heidi Kuljis, Head Teacher Tabatha Weg, Registrar Rex Watt, Pastor



Thank you for your interest in Redeemer Lutheran Preschool. Enclosed is our Registration Packet. This will provide a brief overview of our program and fees.

This year preschool class time will start at 9:00 am and go until 1:00 pm with the option to enroll in 2-day (Tuesday/Thursday), 3-day (Monday/Wednesday/Thursday), or 4-day (Monday-Thursday) classes.

If you would like to discuss the program in more depth or visit our classroom, please contact us.

If you feel like our preschool is a great fit for your family, a completed application form, included with the packet, accompanied by the registration fee of \$75.00 is all that is necessary to ensure a spot in the preschool program and for supplies. This registration fee is NON-REFUNDABLE.

(Please make your check out to Redeemer Lutheran Church.)

We look forward to partnering with you on this exciting time in your child's life.

Sincerely, Tabatha Weg Preschool Registrar

	1	F	Redeemer Lutheran Preschool		
H A		85	8 West Smith Road Bellingham, WA 98226 PRESCHOOL APPLICATION FORM		
Applying for school year: T/Th:	M/W/	′Th:	M-Th:		
How did you hear about Redeeme	r's Preschool?				
Student Name:					
First	Middle	Last	Nickname/Preferred Name Used at School		
Age: Birthdate*:	*student m	nust be 3½ by	September of the current school year Male Female		
Child lives with: Both Parents	Mother	Father	Other:		
Siblings (names and ages):					

Parent/Guardian Medical Information

Father Stepfather Other:	Mother Stepmother Other:	
Marital Status: Married Divorced Separated Single Other	Marital Status: Married Divorced Separated Single Other	
Name:	Name:	
Street Address:	Street Address:	
City, State, Zip Code:	City, State, Zip Code:	
Employer:	Employer:	
Occupation:	Occupation:	
Work phone:	Work phone:	
Cell phone:	Cell phone:	
Home phone:	Home phone:	
E-mail:	E-mail:	

Student's Physician:	Phone:	Phone:		
Preferred emergency action if o	ifferent from our stated policy:			
If we are unable to reach your	hild's doctor, then permission is given to take your child to the Hospital Emergency Room. Yes	No		
Any Allergies: Yes No	_ if yes, please specify:			
Any other medical issues:				

State law requires the school to maintain a record of your child's immunizations. You will be required to complete a Certificate of Immunization status for your child.

In case of emergency: Ou	ur first attempt will be the child's p	parent/guardian. If parents cann	ot be reached:
1. Name:	home phone:	Cell phone:	relationship to child:
2. Name:	home phone:	Cell phone:	relationship to child:
3. Name:	home phone:	Cell phone:	relationship to child:
	So	cial Development	
Has your child had previo	ous preschool experience?	Where?	
	ghborhood playmates? y dates?	How many? Age(s): _	
How well does your child	get along with the other children	? Really well Fairly well	Nov very well
	Behavior (circ	le word or words that	at apply)
caim excitable easily	angered whining crying ha	ppy cheerful stubborn co	operative
quite independent a	ictive fights often gives in easi	ly wants own way temper ta	ntrums
What behavior do you co	onsider the most difficult to deal w	/ith?	
If the weak on the second s			
	rmation that you feel would be he	ipiul to us in working with your c	
		Personal	
Favorite play activity:		Left han	ded or right handed?
Special interests (such as	s trips, bugs, plants, animals		
	Sp	iritual Information	
Do you have a church ho	me? Yes No If yes:		
Name of Church:			
Denomination:		Pastor:	
How often does your fan	nily attend church? Regular	Occasional Don't Attend	
Does your child attend Se	unday School? Yes No		
Do you have family devo	tions? Yes No		
Is your child baptized ? Y	es No		
Would you like Redeeme	er's Pastor to contact you concerni	ng Church or Baptism? Yes	No
A \$75.00 registration fee	is required to complete your appl	ication. THIS FEE IS NON-REFUN	DABLE.
Does your child attend So Do you have family devo Is your child baptized ? Y Would you like Redeeme A \$75.00 registration fee	unday School? Yes No tions? Yes No 'es No	ng Church or Baptism? Yes lication. THIS FEE IS NON-REFUN	No



Redeemer Lutheran Preschool

FINANCIAL AGREEMENT FORM

Tuition for the entire year of preschool isFirst Child for M-Th:\$2,160.00 (\$240.00 monthly)Second Child for M-Th:\$2.025.00 (\$225.00 monthly)

First Child for M/W/Th: \$1,710.00 (\$190.00 monthly) Second Child for M/W/Th: \$1,575.00 (\$175.00 monthly)

First Child for T/TH: \$1,485.00 (\$165.00 monthly) Second Child for T/TH: \$1,350.00 (\$150.00 monthly)

The following is the invoicing Schedule for 2025-2026

- September tuition will be invoiced July 23 and payable August 1.
- October tuition will be invoiced August 20 and payable September 1.
- November tuition will be invoiced September 24 and payable October 1.
- December tuition will be invoiced October 22 and payable November 1.
- January tuition will be invoiced November 19 and payable December 1.
- February tuition will be invoiced December 17 and payable January 1.
- March tuition will be invoiced January 21 and payable February 1.
- April tuition will be invoiced February 18 and payable March 1.
- May tuition will be invoiced March 25 and payable April 1. This will be the final invoice for the 2025-2026 school year.

Even though May is a short month we treat it as though it were a full month for billing purposes so as to even out our invoices for each month for the entire year.

If you become 15 days past due we will send you a friendly reminder of your account status.

If you become 30 days behind in tuition payments, we will notify you and if you are unable to make a payment within 7 days we will

ask you to withhold your child from the classroom.

Nonsufficient Funds (NSF) check returns will result in additional fees charged to you according to bank fees charged to us.

After one NSF check return we will require your payments by cash or cashier's check only.

In cases of divorce or separation, the named parent, on this form, is deemed responsible for payment. Our office will not become involved in custody disputes over which parent is responsible for payment. In cases of joint responsibility we are unable to provide separate invoices to each parent, therefore the signature of the parent/guardian at the bottom of this form will be held responsible.

We are aware that circumstances change. We are willing to work with anyone in this area of financial commitment. If there is a problem that prevents you from making a payment on time, please contact the Preschool Registrar, at 384-5923 and we will work out a payment schedule that will be acceptable to both parties.

My signature on this form indicates my agreement with and support of Redeemer Lutheran Preschool's financial policies. Terms and Conditions Accepted by:

Signature of parent/guardian

Date

SCHOOL YEAR

To provide yearly consistency, Redeemer's program will provide 496 classroom hours per school year for each Monday-Thursday student, 372 classroom hours per school year for each Monday/Wednesday/Thursday student and 248 classroom hours per school year for each Tuesday/Thursday student. (This is approximately 31 ½ weeks X two, three or four days/week [*depending on the program the child is enrolled in*] X four hours/day). Class times are from 9:00 am to 1:00 pm, except holidays. Our preschool classes will run somewhat concurrently with the Ferndale Public School year, beginning mid-September and running through mid-May. Holidays will be the same. School closure due to snow conditions will correspond to that of the Ferndale School District.