



Redeemer Lutheran Preschool 2024-2025



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Bellingham, Washington 98226

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Heidi Kuljis, Head Teacher

Isabella & Sophia Kolesnikov, Assistant Teachers

Tabatha Weg, Registrar

Rex Watt, Pastor



Redeemer Lutheran Preschool

858 West Smith Road Bellingham, WA 98226

(360) 384—5923

preschool@redeemberellingham.com



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.

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



Redeemer Lutheran Preschool

858 West Smith Road Bellingham, WA 98226
PRESCHOOL APPLICATION FORM

Applying for school year: M/W/F _____ OR T/Th: _____ Program Hours are 9:30-12:30 PM

How did you hear about Redeemer's Preschool? _____

Student Name: _____

First Middle Last Nickname/Preferred Name Used at School

Age: _____ Birthdate*: _____ *student must 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

_____ Father _____ Stepfather _____ Other: _____

Marital Status: Married Divorced Separated Single Other

Name: _____

Street Address: _____

City, State, Zip Code: _____

Employer: _____

Occupation: _____

Work phone: _____

Cell phone: _____

Home phone: _____

E-mail: _____

_____ Mother _____ Stepmother _____ Other: _____

Marital Status: Married Divorced Separated Single Other

Name: _____

Street Address: _____

City, State, Zip Code: _____

Employer: _____

Occupation: _____

Work phone: _____

Cell phone: _____

Home phone: _____

E-mail: _____

Medical Information

Student's Physician: _____ Phone: _____

Preferred emergency action if different from our stated policy: _____

If we are unable to reach your child'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: Our first attempt will be the child's parent/guardian. If parents cannot 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: _____

Social Development

Has your child had previous preschool experience? _____ Where? _____

Does your child have neighborhood playmates? _____ How many? _____ Age(s): _____

Does your child have play dates? _____

How well does your child get along with the other children? Really well ____ Fairly well ____ Nov very well ____

Behavior (circle word or words that apply)

calm excitable easily angered whining crying happy cheerful stubborn cooperative

quite independent active fights often gives in easily wants own way temper tantrums

What behavior do you consider the most difficult to deal with? _____

If there is any other information that you feel would be helpful to us in working with your child, please indicate here:

Personal

Favorite play activity: _____ Left handed or right handed? _____

Favorite toy? _____ Favorite color(s): _____

Special interests (such as trips, bugs, plants, animals) _____

Spiritual Information

Do you have a church home? Yes _____ No _____ If yes:

Name of Church: _____

Denomination: _____ Pastor: _____

How often does your family attend church? Regular ____ Occasional ____ Don't Attend ____

Does your child attend Sunday School? Yes _____ No _____

Do you have family devotions? Yes _____ No _____

Is your child baptized? Yes _____ No _____

Would you like Redeemer's Pastor to contact you concerning Church or Baptism? Yes _____ No _____

A \$75.00 registration fee is required to complete your application. **THIS FEE IS NON-REFUNDABLE.**

Terms and Conditions Accepted by: _____

Signature of parent/guardian

Date



Redeemer Lutheran Preschool

FINANCIAL AGREEMENT FORM

Tuition for the entire year of preschool is

First Child for M/W/F: \$1,485.00 (\$165.00 monthly)
Second Child for M/W/F: \$1,350.00 (\$150.00 monthly)

First Child for T/TH: \$1,035.00 (\$115.00 monthly)
Second Child for T/TH: \$900.00 (\$100.00 monthly)

The following is the invoicing Schedule for 2024-2025

- September tuition will be invoiced July 24 and payable August 1.
- October tuition will be invoiced August 21 and payable September 1.
- November tuition will be invoiced September 18 and payable October 1.
- December tuition will be invoiced October 23 and payable November 1.
- January tuition will be invoiced November 20 and payable December 1.
- February tuition will be invoiced December 19 and payable January 1.
- March tuition will be invoiced January 22 and payable February 1.
- April tuition will be invoiced February 19 and payable March 1.
- May tuition will be invoiced March 19 and payable April 1. This will be the final invoice for the 2024-2025 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 279 classroom hours per school year for each Monday/Wednesday/Friday student and 189 classroom hours per school year for each Tuesday/Thursday student. (This is approximately 31 ½ weeks X two or three days/week [depending on the program the child is enrolled in] X three hours/day). Class times are from 9:30 am to 12:30 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.