

Bethany Preschool Power-Hour Application

Today's Date:	FALL SEMESTER: ½ (4 weeks) <input type="checkbox"/> Full (8 weeks) <input type="checkbox"/> SPRING SEMESTER: ½ (4 weeks) <input type="checkbox"/> Full (8 weeks) <input type="checkbox"/>
Parent's Name:	
Address:	
<i>(Street)</i>	<i>(City)</i> <i>(State)</i> <i>(ZIP)</i>
Home Phone:	Cell Phone: Email:
Adult who will be bringing the child(ren) to Preschool Power-Hour: Mom <input type="checkbox"/> Dad <input type="checkbox"/> Other* <input type="checkbox"/> <i>*If other than parent, indicate name, contact phone number, and relationship (relative, caregiver etc):</i>	

Names and birthdates of all children 0-4 years attending PPH (Please include infant siblings)	
Name:	DOB:
Name:	DOB:
Name:	DOB:
How did you hear about our program? Friend <input type="checkbox"/> Brochure <input type="checkbox"/> Website <input type="checkbox"/> Other <input type="checkbox"/> <i>If Other, please describe:</i>	

Please indicate below which class time you prefer:	
Red Class--9:00-10:00AM <input type="checkbox"/> <u>Power for Parenting Class Red & Blue 10:05-10:35AM</u> (with supervised playtime provided) Blue Class--10:45-11:45AM <input type="checkbox"/>	Yellow Class--12:30-1:30PM <input type="checkbox"/> <u>Power for Parenting Class Yellow 1:35-2:05PM</u> (with supervised playtime provided)

Cost:
\$30.00 per child/caregiver team for 1/2 semester (2-5 yr olds only) \$50.00 per child/caregiver team for full semester (2-5 yr olds only) \$10.00 discount for each additional 2-5yr old in the same family. <i>(infant/toddler siblings under age 2 are welcome to attend at no cost)</i>

<p>Return completed application along with check (payable to Bethany Lutheran) to:</p> <p>Bethany Lutheran PPH 151 Tremont W Port Orchard, WA 98366</p> <p><i>Email: bethanypreschoolpowerhour@gmail.com</i></p>
--

Bethany Preschool Power-Hour Parental Agreement

Permission Form for _____
(name of child)

Photographs/Videos/Recordings

I do _____ I do not _____ give my permission for my child to be photographed, videotaped, or sound recorded in the program and at program functions. I understand that school staff, professional photographers, news media or other parents may take the photographs and recordings. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission.

Signed _____
(parent/guardian)

Date _____

FALL SESSION DATES 2021

September 16 – October 7

October 28 – November 18