Bethany Preschool Power-Hour Application

Today's Date:	**FALL SEMESTER:** ½ (4 weeks)☐ Full (8 weeks)☐
	SPRING SEMESTER: ½ (4 weeks)☐ Full (8 weeks)☐

Parent's Name:

Address:

(Street) *(City)* *(State)* *(ZIP)*

Home Phone:	**Cell Phone:**	**Email:**

Adult who will be bringing the child(ren) to Preschool Power-Hour: Mom☐ Dad☐ Other*☐

**If other than parent, indicate name, contact phone number, and relationship (relative, caregiver etc):*

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☐ Brochure☐ Website☐ Other☐

If Other, please describe:

Fall Power Hour Starts Thursday September 17th

September 17th and 24th. October 1S ,8th and 29th. November5th, 23rd and 19th.

Please indicate below which class time you prefer:

Red Class--9:00-10:00AM☐	**Blue Class—10:45-11:45 AM**☐
Power for Parenting Class Red & Blue **10:05-10:35AM** **(with supervised playtime provided)**	**Power for Parenting Class Red & Blue** **10:05-10:35AM** **(with supervised playtime provided)**

Cost:

$40.00 per child/caregiver team for 1/2 semester (2-5 yr olds only)
$70.00 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.
(infant/toddler siblings under age 2 are welcome to attend at no cost)

Return completed application along with check (payable to Bethany Lutheran) to:

Bethany Lutheran PPH
151 Tremont W
Port Orchard, WA 98366

Email: bethanypreschoolpowerhour@gmail.com

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 _____