

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) (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</u> 10:05-10:35AM (with supervised playtime provided)	Blue Class—10:45-11:45 AM <input type="checkbox"/> <u>Power for Parenting Class Red & Blue</u> 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. <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>
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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 _____