

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 18th

September 18th and 25th. October 2nd, 9th and 30th. November 6th, 13th and 20th.

Please indicate below which class time you prefer:

Red Class--9:00-10:00AM

Power for Parenting Class Red & Blue

10:05-10:35AM

(with supervised playtime provided)

Blue Class—10:45-11:45 AM

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 _____