

**CONTACT US:**

13405 SW Hall Blvd.
Tigard, OR 97223
503-639-5713
mynw.cc/tigard/preschool

APPLICATION: 2021-2022

Preschool Director: Rhonda Rosacker | rhonda@mynw.cc

Thank you for choosing Tigard Christian Preschool. Please return this completed form, along with your check of \$125 for the non-refundable application fee to our office.

Please indicate class preference within your child's grade level:**JUNIOR CLASS:**

*Students must be 3 yrs old by Sept. 1st
Must be potty trained.
Cost: \$2025/year
 Tues/Wed/Thurs 8:45-11:45*

PRE-K CLASS

*Students must be 4 years old by Sept. 1st
Cost: \$2025/year
 Tues/Wed/Thurs 8:45-11:45*

**ADDITIONAL TIGARD CAMPUS
PRESCHOOL CLASSES & CLASS TIMES**

Will be added as staff resources become available

Note: Tuition can be paid in one payment or divided over a 9 month (September through May) payment schedule.

| | | |
|--|---|------------------------------|
| Child's Name: _____ | Birthdate: _____ | |
| Age on September 1st: _____ | Gender: _____ | Preferred Name: _____ |
| Mailing Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Home Phone: _____ | Student Lives With: Mother Father 2 Parents Guardian | |
| List any physical, emotional or allergy concerns: _____ | | |
| Mother's Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Cell Phone: _____ | Work Phone: _____ | |
| Father's Name: _____ | | |
| Address: _____ | | |
| City: _____ | State: _____ | Zip: _____ |
| Cell Phone: _____ | Work Phone: _____ | |
| Preferred Email Address: _____ | | |
| Church Child Attends: _____ | | |
| Last School Attended (if any): _____ | | |

I understand that by submitting this application, I am responsible for paying the tuition. I also understand that if I do not pay the tuition, my child will not be allowed to attend class until tuition payments are current.

(Parent / Guardian Signature)

(Date)