



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: <i>Students must be 3 yrs old by Sept.1st Must be potty trained.</i> Cost: \$2025/year <input type="checkbox"/> Tues/Wed/Thurs 8:45-11:45	PRE-K CLASS <i>Students must be 4 years old by Sept.1st</i> Cost: \$2025/year <input type="checkbox"/> Tues/Wed/Thurs 8:45-11:45	ADDITIONAL TIGARD CAMPUS PRESCHOOL CLASSES & CLASS TIMES <i>Will be added as staff resources become available</i>
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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: <i>Mother</i> <i>Father</i> <i>2 Parents</i> <i>Guardian</i>
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)