



ENROLLMENT CHECKLIST

To help make the enrollment process smooth and easy, please complete and return the following forms:

☐ Student Enrollment Form

☐ Registration & Tuition Agreement

☐ Student Health History Form

☐ Individual Health Plan / Emergency Care Plan

(Due prior to first day of school)

☐ CIS (Immunization) Form

(Must be completed & submitted to Good Samaritan Preschool prior to the first day of school)

☐ Hand Sanitizer Form

☐ Consent to Medical Care Form

☐ Food & Snack Authorization Form

☐ Oral Health Form

☐ Photo Release Form

☐ Parent Handbook & School Policy Acknowledgment

☐ Release of Liability Form

☐ "Getting to Know Your Child" Form



Good Samaritan School Student Enrollment Form 2026-2027

CHILD'S FULL NAME: NICKNAME: D.O.B:

ADDRESS (STREET, CITY, STATE, ZIP):

PRIMARY LANGUAGE SPOKEN AT HOME: GENDER: ()E

MOTHER/ LEGAL GUARDIAN'S NAME: CELL PHONE NUMBER:

PRIMARY ADDRESS (STREET, CITY, STATE, ZIP): HOME PHONE NUMBER:

EMAIL ADDRESS: ALTERNATE PHONE NUMBER:

FATHER / LEGAL GUARDIAN'S NAME: CELL PHONE NUMBER:

PRIMARY ADDRESS (STREET, CITY, STATE, ZIP): HOME PHONE NUMBER:

EMAIL ADDRESS: ALTERNATE PHONE NUMBER:

DOES CHILD RESIDE WITH BOTH PARENTS / LEGAL GUARDIANS? ()

LOCAL EMERGENCY CONTACTS/AUTHORIZATION TO RELEASE

This information grants Good Samaritan School the authority to release your child to the following individuals as granted by the Parent(s)/Guardian(s) listed above. Proper identification will be required at the time of pick-up.

1. AUTHORIZED INDIVIDUAL'S NAME:

CONTACT PHONE NUMBER:

RELATIONSHIP TO CHILD:

2. AUTHORIZED INDIVIDUAL'S NAME:

CONTACT PHONE NUMBER:

RELATIONSHIP TO CHILD:

3. AUTHORIZED INDIVIDUAL'S NAME:

CONTACT PHONE NUMBER:

RELATIONSHIP TO CHILD:

PARENT/LEGAL GUARDIAN SIGNATURE: **Date:**

Office use only:

Enrollment Date:

Student's Schedule:



Good Samaritan

PRESCHOOL

2026-2027 Tuition Rates

	1 Day	2 Days	3 Days	4 Days	5 Days
8am – 1pm					
Annually	\$2,637.50	\$5,275.00	\$7,090.00	\$8,985.00	\$10,500.00
Monthly	\$263.75	\$527.50	\$709.00	\$898.50	\$1,050.00

8am – 3pm					
Annually	\$3,690.00	\$7,380.00	\$9,890.00	\$12,220.00	\$14,700.00
Monthly	\$369.00	\$738.00	\$989.00	\$1,222.00	\$1,470.00

8am – 5pm					
Annually	\$4,537.50	\$9,075.00	\$12,315.00	\$15,450.00	\$18,900.00
Monthly	\$453.75	\$907.50	\$1,231.50	\$1,545.00	\$1,890.00

9am – 1pm					
Annually	\$2,212.50	\$4,425.00	\$5,775.00	\$7,090.00	\$8,400.00
Monthly	\$221.25	\$442.50	\$577.50	\$709.00	\$840.00

9am – 3pm					
Annually	\$3,317.50	\$6,635.00	\$8,665.00	\$10,600.00	\$12,600.00
Monthly	\$331.75	\$663.50	\$866.50	\$1,060.00	\$1,260.00

9am – 5pm					
Annually	\$4,125.00	\$8,250.00	\$11,100.00	\$13,840.00	\$16,800.00
Monthly	\$412.50	\$825.00	\$1,110.00	\$1,384.00	\$1,680.00

- A non-refundable registration fee of \$250 for the first child and \$150 for each additional child is due at the time of registration.
- Minimum 2-day enrollment required. One-day rates may be ADDED to a multi-day schedule.
- Families enrolling multiple students will receive a 10% discount on the lowest tuition rate.
- Families in good standing with Good Samaritan Episcopal Church will receive a 10% discount.

Good Samaritan School
Enrollment/Tuition Agreement
2026/2027

Child's Name: **DOB:**

Parent's Name: **Email:**

Age Group ☐ **3's** (3 by 8/31/26) ☐ **PreK** (4 by 8/31/26)

Hours: ☐ 8:00 – 1:00pm ☐ 8:00 – 3:00pm ☐ 8:00 – 5:00pm ☐ Nap room requested? Y/N
☐ 9:00 – 1:00pm ☐ 9:00 – 3:00pm ☐ 9:00 – 5:00pm

Days Attending (circle):

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Schedule Flexible?

Enrollment Policies (Please Initial)

☐ **Registration Fees:**

A non-refundable registration fee of \$250 (\$150 for each additional child) is due at time of registration. Tuition for September 2026 is due on June 1, 2026, and is non-refundable. Tuition for June 2027 is due on July 1, 2026, and becomes non-refundable on January 31, 2027.

Discounts:

- Families enrolling multiple students will receive a 10% sibling discount on the lowest tuition rate.
- Families in good standing with Good Samaritan Church will receive a 10% discount.

☐ **Changes to enrollment:** 30-day written notice is required for any change in your child's enrollment schedule.

Increasing hours or changing the days your child attends will be accommodated, free of charge, as long as space is available. **Reducing hours will result in a one-time fee equal to the difference between existing schedule/tuition and requested change in schedule/tuition.**

Tuition Policies (Please Initial)

☐ **Tuition is due** the first of each month, paid via Brightwheel or personal check/cash. A late fee of **\$25.00 will apply after the 10th.**

☐ **Tuition for students enrolling after the 15th of the month** will be charged a pro-rated amount of half month's tuition.

☐ **Monthly tuition rates are calculated by dividing the yearly tuition fee into 10 equal monthly payments.** We do not adjust tuition for holiday closures, child illness, school closures, or family vacations of less than 30 days.

☐ **Late Pick-Up Fee:** Following a 5-minute grace period, all students picked up after their registered time will be charged at a rate of \$3.00 per minute.

☐ **Make-Up Days:** Due to state mandated teacher/child ratios as well as insurance requirements, we do not allow "make-up" days for children missing class due to illness, family vacations or school closures.

☐ **Vacation/ Extended Leave:** We recognize the importance of family vacations as well as unexpected trips that arise. We will honor a 50% tuition discount for one month (30 days) for a family who is gone for a minimum of four consecutive weeks. If you are gone longer than four weeks, the full month's tuition for the following month will be due to hold your child's spot. This discount may be used once between September 2026 and June 2027.

☐ **Withdrawal from Program:** Good Samaritan School requires a 30-day written notice of withdrawal from the program for any reason. If a family withdraws after the 30-day timeframe, they are responsible for the full month's tuition.

I have read Good Samaritan Preschool's Enrollment/Tuition Agreement Policies and agree to all terms and conditions:

Signature:

Print Full Name:

Date:



Good Samaritan School Student Health History Form

CHILD'S FULL NAME: BIRTHDATE:

PARENT/LEGAL GUARDIAN'S NAME:

NAME OF CHILD'S PHYSICIAN/ MEDICAL PROVIDER:

ADDRESS:

PHONE NUMBER:

DATE OF LAST **PHYSICAL** EXAM (REQUIRED):

NAME OF CHILD'S DENTIST:

ADDRESS: PHONE:

DATE OF LAST **DENTAL** EXAM (REQUIRED):

KNOWN ALLERGIES:

ALLERGY SYMPTOMS:

METHOD OF TREATMENT:

IN THE CASE OF SEVERE ALLERGY, AN EMERGENCY CARE PLAN FORM MUST ALSO BE FILLED OUT AND ON FILE PRIOR TO THE FIRST DAY OF SCHOOL.

DOES YOUR CHILD HAVE ANY LIFE-THREATENING MEDICAL CONDITIONS THAT REQUIRE AN INDIVIDUAL HEALTH PLAN?

IF YES, A COPY OF CHILD'S INDIVIDUAL HEALTH PLAN FROM THE CHILD'S PHYSICIAN MUST BE ON FILE.

IS CHILD CURRENTLY ON ANY MEDICATION? Y/N IF YES, PLEASE LIST

DOES YOUR CHILD HAVE ANY HEALTH OR DEVELOPMENTAL CONCERNS WE SHOULD BE AWARE OF? (Y/N)

IF YES, PLEASE EXPLAIN:

DIETARY RESTRICTIONS OR CULTURAL FOOD PREFERENCES:

PARENT / LEGAL GUARDIAN SIGNATURE: **DATE:**

Office Use Only:

IF APPLICABLE:

EMERGENCY CARE PLAN ON FILE/RECEIVED INDIVIDUAL HEALTH PLAN ON FILE/RECEIVED

Date/Initials

Date/Initials



Good Samaritan School

Consent To Medical Care and Treatment Of A Minor Child

I, , (parent or legal guardian) hereby give permission that my child, , may be given emergency treatment to include first aid and CPR by a qualified childcare staff member at Good Samaritan Preschool.

I authorize and consent to medical, surgical, and hospital care, including treatments and procedures, for my child as deemed immediately necessary or advisable by my child's regular physician. If the regular physician is unavailable, I consent to care provided by a licensed physician or hospital. This authorization is granted in situations where safeguarding my child's health requires immediate action, and I cannot be reached. I waive my right to informed consent for such treatment.

I also give permission for my child to be transported by ambulance or aid to an emergency center for treatment.

Parent/Guardian Name: Date:
(Please print)

Parent/Guardian Signature:



Good Samaritan Preschool
Food and Snack Agreement, Authorization and Release

Per licensing guidelines set by the Washington State Department of Children, Youth, and Families (DCYF):

We, the parents / legal guardians of , (child's name), agree to provide nutritious snacks and lunches for our child while attending Good Samaritan Preschool.

- **Snack should include (at least two of the following food groups):**

- Milk (4 oz/ ½ cup)
- Meats/Meat Alternatives (½ oz)
- Vegetables (½ cup)
- Fruits (½ cup)
- Grains (½ oz)

- **Lunch should include:**

- Milk (6 fl oz or ¾ cup)
- Meats/Meat Alternatives (1 ½ oz)
- Vegetables (¼ cup)
- Fruits (¼ cup)
- Grains (½ oz)

****Please see attached USDA sample meal recommendations for children ages 3-5.***

*****Good Samaritan School will provide milk at lunch time.***

******GOOD SAMARITAN IS A **NUT FREE** SCHOOL.***

We give permission for our child to consume food prepared, cooked, or baked by another child's parent, guardian, or faculty in our program for special occasions, such as student birthdays and cultural holidays.

Please initial here:

This authorization remain in effect until the above child is withdrawn from Good Samaritan Preschool, unless it is revoked in writing to the Head of School or Program Director.

As the parent / legal guardian, you agree to inform Good Samaritan Preschool immediately if the child listed above develops any food allergies, diabetes or other condition that could affect their diet.

We release and forever discharge Good Samaritan Preschool, church, employees, and agents from any liability arising in law or equity from any or all causes of action, claims, or demands of whatever kind (including but not limited to bodily and personal injuries and death) arising from or related to the food or snack service authorized by this form.

Parent/Legal Guardian Signature

Date



Serve Tasty and Healthy Foods in the Child and Adult Care Food Program (CACFP)

Sample Meals for Children Ages 3-5



What is in a Breakfast?

Milk (6 fl. oz. or $\frac{3}{4}$ cup)
Vegetables, Fruits, or Both ($\frac{1}{2}$ cup)
Grains ($\frac{1}{2}$ oz. eq.)

Optional: Meats/meat alternates may be served in place of the entire grains component up to 3 times per week at breakfast.

$\frac{1}{2}$ oz. eq.
Whole Grain-Rich
Mini Pancakes



Sample Breakfast



$\frac{3}{4}$ cup
Unflavored
Low-Fat (1%)
or Fat-Free
(Skim) Milk

$\frac{1}{2}$ cup
Sliced
Strawberries

$\frac{3}{4}$ cup
Unflavored Low-Fat (1%)
or Fat-Free (Skim) milk



1 Taco
Made with
 $1\frac{1}{2}$ oz.
Lean Ground Beef,
 $\frac{1}{4}$ cup
Lettuce*, and
 $\frac{1}{8}$ cup
Chopped Tomatoes

$\frac{1}{2}$ oz. eq.
Enriched Flour Tortilla



Sample Lunch/Supper

A second, different vegetable may be served in place of fruit at lunch and supper. In this meal, the $\frac{1}{4}$ cup of lettuce and $\frac{1}{8}$ cup of tomatoes in the taco meets the vegetables component, and the $\frac{1}{4}$ cup of sweet potatoes is used to meet the fruits component.

*Raw leafy greens, such as lettuce, credit for half the amount served. The $\frac{1}{4}$ cup of lettuce in the taco counts as $\frac{1}{8}$ cup of vegetables in this meal.

$\frac{1}{4}$ cup
Roasted Sweet
Potatoes

What is in a Lunch or Supper?

Milk (6 fl. oz. or $\frac{3}{4}$ cup)
Meats/Meat Alternates ($1\frac{1}{2}$ oz. eq.)
Vegetables ($\frac{1}{4}$ cup)
Fruits ($\frac{1}{4}$ cup)
Grains ($\frac{1}{2}$ oz. eq.)



All grains served must be whole grain-rich or enriched.
Breakfast cereals may also be fortified.
At least one grain served each day must be whole grain-rich.



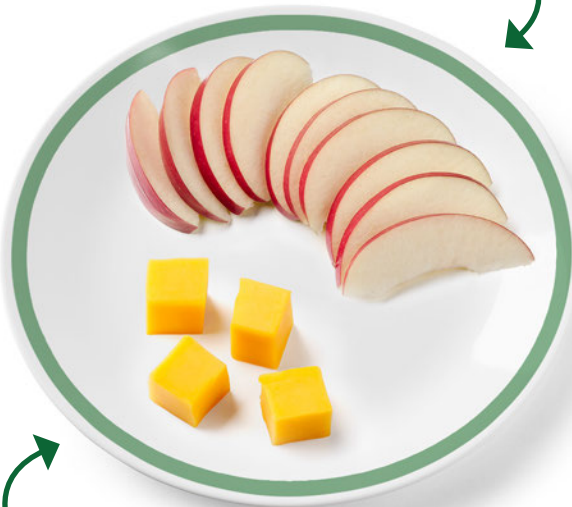
Offer and make water available all day.



What is in a Snack?

Pick 2:
Milk (4 fl. oz. or $\frac{1}{2}$ cup)
Meats/Meat Alternates ($\frac{1}{2}$ oz. eq.)
Vegetables ($\frac{1}{2}$ cup)
Fruits ($\frac{1}{2}$ cup)
Grains ($\frac{1}{2}$ oz. eq.)

$\frac{1}{2}$ cup
Apple Slices



$\frac{1}{2}$ oz.
Cheddar Cheese

Sample Snack

Note: Serving sizes are minimums.

Learn more about the CACFP meal patterns at <https://teamnutrition.usda.gov>.



Food and Nutrition Service
FNS-668
Slightly Revised October 2019
USDA is an equal opportunity
provider, employer, and lender.



Good Samaritan Preschool

Oral Health Participation Form

The State of Washington requires early learning providers to offer children the opportunity for developmentally appropriate tooth brushing. This regulation is intended to help children learn about the importance of good oral health and to help address the incidence of tooth decay among young children in Washington State.

Good Samaritan Preschool must comply with this regulation. However, parents may choose to “opt-out” of having their child brush teeth at school. Please check the box below to indicate your preference. Should you change your mind and wish for your child to participate in tooth brushing, this form may be withdrawn at any time by requesting in writing that it be removed from your child’s file. **If you choose to have your children brush their teeth at school, please provide a toothbrush in an enclosed case that will go home daily to be cleaned/sanitized.** Toothbrushes will be stored in a manner that prevents cross contamination.

☐ I do not wish to have my child participate in tooth brushing while in school at Good Samaritan Preschool.

☐ I do wish to have my child participate in tooth brushing while in school at Good Samaritan Preschool.

Child’s Name:

Parent/Guardian’s Name:

Signature: Date:

Hand Sanitizer Authorization Form

Child's Name: 	Date of Birth & Age: (*Children must be at least 2 years of age to use hand sanitizer)
Name of Hand Sanitizer: 	
Active ingredient: 	
*Must contain at least 60% alcohol	
Start Date: 	Stop Date: (up to 12 months after 'Start Date')
Possible Side Effects: 	
Special Instructions: • Hand sanitizer should always be kept in an area inaccessible to children. • Hand sanitizer should not be used when hands are visibly dirty. • Use of hand sanitizer must be supervised by an adult to prevent ingestion.	

I authorize the use of the above hand sanitizer for my child.

Parent/Guardian Signature

Date

Reason for item:	To disinfect hands
Route:	Topical
Amount to be given:	Dime-sized amount (per American Academy of Pediatrics recommendations)
Times to be applied:	As necessary to clean hands when soap and water are unavailable
Storage:	Room temperature



Good Samaritan School Photo Release and Agreement

I give my consent to ensure that photographs and video footage of my child, taken at the Good Samaritan School or at an event hosted by the Good Samaritan School or church, may be used by the school for the following reasons. (Please check all that apply.)

☐

Brightwheel App - This is used for the sole purpose of relaying information and posting individual and occasional group pictures to registered families only, within a specific classroom. These pictures are uploaded to your child's profile and are visible only to you. **For the safety and security of every student, we ask that you not copy or redistribute any pictures that include the face of any child other than your own.**

☐

Early Achievers Video Highlights - We are a proud participant in Washington State's Early Achievers Quality Rating Program, working in partnership with "Cultivate Learning" at the University of Washington. Our joint objective is to improve the quality of early learning care for preschoolers. A key component of this program is providing feedback to teachers regarding their strengths and opportunities for growth. This requires our school to submit short, 10 – 15-minute videos of a lesson/activity, which is viewed by the Early Achievers Coach, who will provide quality feedback. Our teachers are the focus of these videos, but it is likely that your child will appear in them as well. All videos submitted to Early Achievers are done through a secure portal, only to be viewed by a Cultivate Learning professional.

☐

In School - Pictures are posted within the school or classroom showing daily activities and special events.

Further, I agree that I will not post publicly in any form (including print, electronic, and/or social media) any images of any children enrolled at Good Samaritan School other than my own.

Child's Full Name:

Parent/Legal Guardian Signature

Date



GOOD SAMARITAN PRESCHOOL

Policy Acknowledgement

The signature below confirms my understanding of the Good Samaritan School's application for admission, school policies, closure dates, my tuition responsibilities, as well as confirms that I have received and read the Family Handbook (which includes the school's health policy).

Parent/Legal Guardian Signature

Date

Parent/Legal Guardian Signature

Date

Note: Family Handbook will be emailed to families unless a hard copy is requested.



Good Samaritan School

Minor Waiver/Release

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF , my child/ward,

Name of Minor Child/Ward

being allowed to participate in Good Samaritan Preschool and all activities related thereto (collectively, the "Preschool"), undersigned in full recognition and appreciation of the dangers, risks and hazards involved in the Preschool, for MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, and assume full responsibility for my child's participation in the Preschool and all related activities; and, I willingly agree to comply with the Preschool's stated and customary terms and conditions for participation.

I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Preschool, Good Samaritan Episcopal Church, its vestry members, officers, agents, employees, volunteers, other participants, if applicable ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my or my child's involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

(PARENT/GUARDIAN SIGNATURE)

(PRINT NAME)

Date Signed:

Good Samaritan Preschool Getting to Know Your Child

Child's Name: _____

What name will your child go by at school? (This is the name they will be taught to write and will be displayed around the classroom.) _____

Is this your child's first preschool experience? If not, please describe previous experiences and where your child last attended. _____

Are there any fears or concerns your child might have? _____

Is your child potty-trained? _____

Does your child nap? _____

What are your child's favorite toys/activities/storybooks at home? _____

What is your child's favorite healthy or cultural snack? _____

Does your child have siblings? If so, what are their names/ages? _____

Does your child have any pets? If so, which types, and what are their names? _____

What are your child's strengths? _____

Tell us about the goals you have for your child's time here at Good Sam. _____

What is the primary language spoken at home? _____

Anything else you would like to share with us? Feel free to use the reverse side of this paper.

Date Completed: _____

Thank you!