



SHINE Performing Arts Christian Preschool

28 NE 3rd, Gresham, Oregon

Teacher Tina 503-998-0827

www.shineperformingarts.org

Preschool Registration Packet

Enclosed are the necessary papers to register your child for SHINE Performing Arts Preschool, 2019-2020 school year. If you have questions, contact us at preschoolshine@gmail.com, Tina Allen 503-998-0827.

Additional afternoon and evening dance classes are available for students ages 3-8 years! See our website for information and registration.

About Our Program

Horizons Christian based curriculum will be used focusing on letters, numbers, colors, shapes, phonics, math, science, social studies, health and safety, plus more! A very educational curriculum that allows an easy transition to both private and public schools. Students will also participate in a daily performing arts class focusing on dance, movement, tumbling, music, singing, and age appropriate drama. A daily craft is part of the learning as well!

- Class Schedule: 3 Half-Day Program (Tuesday, Wednesday, Thursday)
5 Half-Day Program (Monday-Friday) Morning: 9:00 am - Noon
- Enrolling Students Ages 3 -5 years old
- School Year: September 9, 2019 – May 31, 2020
- Educational Horizons Curriculum
- Daily movement/dance class, 2 performances held each school year
- Learning environment encompassing the arts
- Caring and friendly staff that love your kids!

Tuition and Fees

- **Monthly Tuition: \$225.00 - 3 Days, \$375 - 5 Days**
(Payable September – May, Due by the 5th of each month)
- **Annual Registration Fee: \$50.00 (Due at time of registration)**
- **Annual Supplies Fee: \$125 - 3 Days, \$175 - 5 Days**
(Includes: Horizons Curriculum and all classroom supplies)
- **Annual Costume Fee (2 costumes): \$110 Annual Recital Fee: \$50**

Please Select Class: 3 Half-Days: 5 Half-Days:

Days Preferred: _____

SHINE Performing Arts Preschool 2019-2020 REGISTRATION		
APPLICANT INFORMATION		
Student Information		
Child's Full Name		
Date of Birth	Age	Gender

Contact Information (Please Print)

Mailing Address

Street:	City	State	Zip Code
Home Phone		Primary Email	
Mother/Guardian		Cell Phone	
Place of Work And Phone			
Father/Guardian		Cell Phone	
Place of Work And Phone			

Emergency Contact (Please Print)

Name	Home Phone
Relationship to Student	Cell Phone
Parent Signature:	Date:

Picture and Video Release: I give my permission for my child's photo, and videos that my child appears in, to be used by the preschool staff and shared via informational brochures, Facebook, and preschool newsletters.

Parent Signature: _____

Dismissal Authorization (Please Print)

The following individuals are authorized to pick up from school. (Including primary care taker)		
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone
Name	Relationship	Daytime phone

Medical Release

I (We) the undersigned, parent or legal guardian of _____, a minor, do hereby give authorization and consent to SHINE Performing Arts Preschool to seek medical treatment in case of a sudden illness, accident or an emergency. We will make every attempt to contact the parent or guardian immediately

I (We) will assume the responsibility to the expenses incurred by such treatment.

Student's Name (print)		D.O.B. / /	
Insurance Company	Insurer's Name	Policy Number	Group No.
Physician's Name	Location of offices	Phone	
Preferred Hospital		Location of Hospital	

I (We) do not hold the above named, SHINE Performing Arts Preschool or staff members liable or responsible for any action taken in the case of an emergency for the care of my (our) child.

Signature _____ Date _____

Signature _____ Date _____

This form must have two signatures. If the child is in the custody of one parent or guardian, please indicate.

Liability Release:

I (We) the undersigned, parent or legal guardian of _____, a minor, do hereby give authorization and consent to SHINE Performing Arts Preschool and staff members, to help my child in the restroom when needed and assist them with costume fittings. I hereby acknowledge that I assume full responsibility for all risks of personal injury arising out of active participation in dance on behalf of the participant. By signing this agreement, I hereby release from liability, and agree not to sue, SHINE Performing Arts Preschool or their employees.

Signature _____

Date _____

Signature _____

Date _____

Medical Concerns

Allergies	Medical Concerns	Physical limitations

ADDITIONAL COMMENTS OR INFORMATION:
