



Auburn Location:
 Carol Meeuwse, Director
 18 49th Street NE
 Auburn, WA 98002
 253-793-0933



Fairwood Location:
 David Glass, Campus Director
 16700 174th Avenue SE
 Renton, WA 98058
 425-226-4640



**RAINIER CHRISTIAN PRESCHOOL/CHILDCARE
 ENROLLMENT APPLICATION
 2019/2020**



STUDENT'S INFORMATION		Office Use:
Child's Full Name:		New Student: <input type="checkbox"/> Returning Student: <input type="checkbox"/>
Date of Birth:	Boy: <input type="checkbox"/> Girl: <input type="checkbox"/>	Class Code: _____
Additional Child's Full Name:		New Student: <input type="checkbox"/> Returning Student: <input type="checkbox"/>
Date of Birth:	Boy: <input type="checkbox"/> Girl: <input type="checkbox"/>	Class Code: _____
Address:		
City/State/Zip:		Home Phone:
Resides With: (please circle) Mother and Father Mother Father Other:		
MOTHER'S INFORMATION		
Full Name:		
Address: (if different than child's)		
City/State/Zip:		
E-mail Address:		Cell Phone:
Employer:		Work Phone:
Marital Status: (please circle) Married Divorced Separated Widowed Single Parent		
FATHER'S INFORMATION		
Full Name:		
Address: (if different than child's)		
City/State/Zip:		
E-mail Address:		Cell Phone:
Employer:		Work Phone:
Marital Status: (please circle) Married Divorced Separated Widowed Single Parent		
RCS SIBLINGS (K-12 oldest sibling is charged the first child rate. Any additional children will receive a discount.)		
Full Name:		Grade:
Full Name:		Grade:
REFERRED BY		
Referring Family:		
CHURCH AFFILIATION		
Name of Church:		
DISCRIMINATION POLICY		
It is the policy of RCS not to discriminate on the basis of race, color, national origin, sex, age, or disability in the admission and access to, or treatment or employment in its programs or activities. As a religious educational institution, RCS is permitted and reserves the right to prefer students, prospective students, employees and prospective employees on the basis of religion.		

FINANCIAL AGREEMENT 2019/2020

ENROLLMENT FEES

Registration Fee \$175 per child (New) \$150 per child (RCS family) \$500 RCS family maximum

PRESCHOOL AND JR. KINDERGARTEN OPTIONS (8:30-11:00)

Payment Plan: August-April (9 Month Plan)

<input type="checkbox"/> 5 Mornings	<input type="checkbox"/> \$505 first child	<input type="checkbox"/> \$450 additional child	
<input type="checkbox"/> 4 Mornings	<input type="checkbox"/> \$435 first child	<input type="checkbox"/> \$390 additional child	
<input type="checkbox"/> 3 Mornings	<input type="checkbox"/> \$365 first child	<input type="checkbox"/> \$335 additional child	
<input type="checkbox"/> 2 Mornings	<input type="checkbox"/> \$280 first child	<input type="checkbox"/> \$250 additional child	
<input type="checkbox"/> Partial Week	Child's Name: _____	Office Approved Days: M T W Th F	
	Child's Name: _____	Office Approved Days: M T W Th F	

PRESCHOOL WITH FULL-TIME CHILDCARE FOR CHILDREN AGES 3, 4, AND 5 YEARS

Payment Plan: June - May (12 Month Plan) September - May (10 Month Plan)

<input type="checkbox"/> 5 Full Days	Child's Name: _____	<input type="checkbox"/> \$1,250 first child	
	Child's Name: _____	<input type="checkbox"/> \$1,000 additional child	
<input type="checkbox"/> Partial Week	Child's Name: _____	Office Approved Days: M T W Th F	
	Child's Name: _____	Office Approved Days: M T W Th F	

PRESCHOOL WITH FULL-TIME CHILDCARE FOR CHILDREN AGES 12-36 MONTHS

Payment Plan: June - May (12 Month Plan) September - May (10 Month Plan)

<input type="checkbox"/> 5 Full Days	Child's Name: _____	<input type="checkbox"/> \$1,350 first child	
	Child's Name: _____	<input type="checkbox"/> \$1,125 additional child	
<input type="checkbox"/> Partial Week	Child's Name: _____	Office Approved Days: M T W Th F	
	Child's Name: _____	Office Approved Days: M T W Th F	

DISCOUNTS

3% Annual Payment Discount (Cash/Check only)
 1.5% Semester Payment Discount (Cash/check Only) Other _____

**FACTS payment accounts are a requirement for all families. RCS D will send notification when a FACTS account can be set-up.	TOTAL MONTHLY RATE	
	NUMBER OF TUITION MONTHS	x
	TOTAL YEARLY FINANCIAL RESPONSIBILITY	

SIGNATURES

By signing this financial agreement I/we acknowledge that I/we have read and understand the applicable fees and financial policies of Rainier Christian Schools, as stated in the Financial Policies, and agree to abide by them and pay all fees accordingly. All tuition and fees are subject to change without notice, at any time, upon action by the Board of Trustees of Rainier Christian Schools.

SIGNATURES OF FINANCIALLY RESPONSIBLE PERSON(S)

Name: _____ Relationship: _____ SSI# _____ - _____ - _____ Date: _____
 Name: _____ Relationship: _____ SSI# _____ - _____ - _____ Date: _____

CAMPUS AND DISTRICT USE ONLY

Reg Fee Amount _____ Check # _____ Cash Credit Card
 Staff Payroll Deduction **Student Start Date:** _____
 Processed By: _____ Date: _____
 Director's Approval: _____ Date: _____
 District Staff Entered: _____ Date: _____