

## Bethany Preschool Power-Hour Application

<b>Today's Date:</b>	<b>FALL SEMESTER:</b> ½ (4 weeks) <input type="checkbox"/> Full (8 weeks) <input type="checkbox"/>
	<b>SPRING SEMESTER:</b> ½ (4 weeks) <input type="checkbox"/> Full (8 weeks) <input type="checkbox"/>

**Parent's Name:**

**Address:**

(Street) (City) (State) (ZIP)

<b>Home Phone:</b>	<b>Cell Phone:</b>	<b>Email:</b>
--------------------	--------------------	---------------

**Adult who will be bringing the child(ren) to Preschool Power-Hour:** Mom  Dad  Other\*

*\*If other than parent, indicate name, contact phone number, and relationship (relative, caregiver etc):*

**Names and birthdates of all children 0-4 years attending PPH (Please include infant siblings)**

<b>Name:</b>	<b>DOB:</b>
<b>Name:</b>	<b>DOB:</b>
<b>Name:</b>	<b>DOB:</b>

**How did you hear about our program?** Friend  Brochure  Website  Other

*If Other, please describe:*

**Please indicate below which class time you prefer:**

<p><b>Red Class--9:00-10:00AM</b> <input type="checkbox"/></p> <p><b>Power for Parenting Class Red &amp; Blue 10:05-10:35AM</b> (with supervised playtime provided)</p> <p><b>Blue Class--10:45-11:45AM</b> <input type="checkbox"/></p>	<p><b>Yellow Class--12:30-1:30PM</b> <input type="checkbox"/></p> <p><b>Power for Parenting Class Yellow 1:35-2:05PM</b> (with supervised playtime provided)</p>
--	--

**Cost:**

\$25.00 per child/caregiver team for 1/2 semester (2-5 yr olds only)  
 \$40.00 per child/caregiver team for full semester (2-5 yr olds only)  
 \$5 discount for each additional 2-5yr old in the same family.  
 (infant/toddler siblings under age 2 are welcome to attend at no cost)

**Return completed application along with check (payable to Bethany Lutheran) to:**

**Bethany Lutheran PPH**

151 Tremont W  
 Port Orchard, WA 98366

*Email: bethanypreschoolpowerhour@gmail.com*

## **Bethany Preschool Power-Hour Parental Agreement**

Permission Form for \_\_\_\_\_  
*(name of child)*

### **Photographs/Videos/Recordings**

I do \_\_\_\_\_ I do not \_\_\_\_\_ give my permission for my child to be photographed, videotaped, or sound recorded in the program and at program functions. I understand that school staff, professional photographers, news media or other parents may take the photographs and recordings. I understand that I will be notified if any photos are to be used for publicity purposes and that I have the right to refuse permission.

Signed \_\_\_\_\_  
*(parent/guardian)*

Date \_\_\_\_\_