



CONTACT US:
13405 SW Hall Blvd.
Tigard, OR 97223
503-639-5713
mynw.cc/tigard/preschool

APPLICATION: 2024-2025

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:

<p>JUNIOR CLASS:</p> <p><i>Students must be 3 yrs old by Sept.1st Must be potty trained.</i></p> <p>Cost: \$2025/year ☐ Tues/Wed/Thurs 8:45-11:45</p>	<p>PRE-K CLASS</p> <p><i>Students must be 4 years old by Sept.1st</i></p> <p>Cost: \$2025/year ☐ Tues/Wed/Thurs 8:45-11:45</p>	<p>ADDITIONAL TIGARD CAMPUS PRESCHOOL CLASSES & CLASS TIMES</p> <p><i>Will be added as staff resources become available</i></p>
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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: _____ **Birth Date:** _____

Age on September 1st: _____ **Gender:** _____ **Preferred Name:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Student Lives With:** *Mother | Father | 2 Parents | Guardian*

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)