

# Persian Preschool



## Application Form

**Please send this form and \$20 application fee to:**

Persian Preschool  
11325 SE 79<sup>th</sup> Pl  
Newcastle, WA 98056

*Checks Payable to: Persian Preschool*

Child First and Last Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Parent Name(s): \_\_\_\_\_ Parent Cell Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Parent Email(s): \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

Please note: As of summer 2016, the criteria for applying to Persian Preschool has changed. Previously we were able to accommodate all families, including those who spoke only **some** Persian to their child/children at home. As of summer 2016, all applicants must have at least one parent who speaks **mostly or exclusively** Persian to their child/children.

Please **circle** responses that reflect how much Persian is spoken **to your child**.

Mother speaks:	NONE	SOME	MOSTLY	EXCLUSIVELY
Father speaks:	NONE	SOME	MOSTLY	EXCLUSIVELY
Other children speak:	NONE	SOME	MOSTLY	EXCLUSIVELY
Relatives (if applicable) speak:	NONE	SOME	MOSTLY	EXCLUSIVELY

Comments: \_\_\_\_\_

Please **circle** responses that reflect how much Persian **your child** speaks or understands.

Child speaks:	NONE	SOME	MOSTLY	EXCLUSIVELY
Child understands:	NONE	SOME	MOSTLY	EXCLUSIVELY

Comments: \_\_\_\_\_

Please **check** the quarter(s) for which you would like to apply.

\_\_\_\_\_ First Availability (Preschool Co-op Class)

\_\_\_\_\_ First Availability (Reading/Writing Co-op Class)

\_\_\_\_\_ Fall 2018

\_\_\_\_\_ Fall 2019

Please **check** the class(es) for which you would like to apply.

\_\_\_\_\_ Toddler/Preschool \*Parent & Child Co-op Class/12 month-5 year olds/Tuesdays, 10:45 am-12:15 pm

\_\_\_\_\_ Preschool \*Parent & Child Reading and Writing Class 3-5 year olds /Wednesdays, 9-10:30 am

\_\_\_\_\_ Toddler/Preschool \*Parent & Child Co-op Class/1s month-5 year olds /Wednesdays, 10:45 am-12:15 pm

In order to allow us to better help you achieve your family’s goals, please explain what your goals are by having your child attend Persian Preschool:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Although we will try our best to accommodate your first choice, we ask you to please write in your alternate 2<sup>nd</sup> and 3<sup>rd</sup> choices if applicable.

2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

Comments/Scheduling Conflicts: \_\_\_\_\_

Once you are informed about your start date, you will have until four weeks before the start of the quarter to hold your spot with the \$100 deposit. Tuition is due at the start of the quarter and this non-refundable deposit will go towards it.

### Liability Release

I, the undersigned, being the parent or legal guardian of the above name child [participant], acknowledge and fully understand that as a participant in the educational programs offered by Persian Preschool LLC, my child may engage in different physical activities as part of his/her educational program. I further understand that although Persian Preschool LLC does take reasonable precaution to ensure the safety of my child while attending and/or participating in activities at Persian Preschool LLC, my child may suffer injury and/or illness as a result of unforeseeable circumstances. I understand that such injury or illness cannot reasonably be prevented and/or protected by Persian Preschool LLC.

Therefore, in consideration of my child’s attendance and/or participation in the educational programs offered by Persian Preschool LLC, I, for myself, my heirs, next of kin, personal representatives, attorney-in fact, or assigns, do hereby release, discharge, hold harmless, and forever acquit Persian Preschool LLC, its owners, managers, instructors, employees, lesser, lessees, and associated personnel of the premises from any or all action, causes of action, claims or any liabilities whatsoever, known or unknown, now existing or which may arise in the future, on account of or in any way related to or arising out of my child’s attendance in the educational program offered by Persian Preschool LLC. Further, I assume all liability for any non-participants who accompany me to and from the premises.

By signing below, I attest that I have read and understood this Liability Release, and I acknowledge and understand that this waiver shall forever bind me, my heirs, next of kin, personal representatives, attorneys-in-fact, and/or assigns. I hereby assert that I sign this document willingly and without coercion of any sort.

\_\_\_\_\_  
Parent/Guardian Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date