



2009 SUMMER CHILDCARE REGISTRATION

Preferred Summer Location (circle one)

ENATAI | SHERWOOD FOREST | WOODRIDGE

SHERWOOD FOR. is NOT available to Preschool Age Children

Parent Name: _____

Cell No: _____

Child's Name: _____

Child's Current Grade Level: _____

Is your child attending Elementary Summer School? YES NO

Preferred Summer Location (circle one)

ENATAI | SHERWOOD FOREST | WOODRIDGE

SHERWOOD FOR. is NOT available to Preschool Age Children

Home No: _____

Work No: _____

Child's Name: _____

Child's Current Grade Level: _____

Is your child attending Elementary Summer School? YES NO

Summer care is reserved for a minimum of 1 week (Monday – Friday). No part-week contracts available. Families who register for childcare during the summer will be charged the full tuition no matter how many hours or days your child attends. There are no refunds for missed days.

June 29th – July 31st

Please mark weeks of attendance

Choose 1 option only

Full Time – 10% Discounted Price

- _____ \$864.00 5 weeks (24 days)
- _____ \$800.00 4 weeks (20 days)
- _____ \$760.00 4 weeks (19 days)
- _____ \$600.00 3 weeks (15 days)
- _____ \$560.00 3 weeks (14 days)
- _____ \$400.00 2 weeks (10 days)
- _____ \$360.00 2 weeks (9 days)
- _____ \$200.00 1 week (5 days)
- _____ \$160.00 1 week (4 days)

- _____ June 29th – July 2nd (4 day week)
- _____ July 6th – July 10th (5 day week)
- _____ July 13th – July 17th (5 day week)
- _____ July 20th – July 24th (5 day week)
- _____ July 27th – July 31st (5 day week)

August 3rd – August 26th

Please mark weeks of attendance

Choose 1 option only

Full Time – 10% Discounted Price

- _____ \$648.00 4 weeks (18 days)
- _____ \$600.00 3 weeks (15 days)
- _____ \$520.00 3 weeks (13 days)
- _____ \$400.00 2 weeks (10 days)
- _____ \$320.00 2 weeks (8 days)
- _____ \$200.00 1 week (5 days)
- _____ \$120.00 1 week (3 days)

- _____ August 3rd – August 7th (5 day week)
- _____ August 10th – August 14th (5 day week)
- _____ August 17th – August 21st (5 day week)
- _____ August 24th – August 26th (3 day week)

I understand when my child (ren) are registered active with the Early Childhood Programs, I am responsible for the monthly tuition.

Signature _____

Date _____

2009 SUMMER CHILDCARE INFORMATION

LOCATIONS:

Enatai 10615 SE 23 rd St Bellevue, WA 98004 (425) 456-5222	Sherwood Forest 16411 NE 24 th St Bellevue, WA 98008 (425) 456-5765	Woodridge 12619 SE 20 th Pl Bellevue, WA 98005 (425) 456-6226
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Programs Offered

<i>School Age CC and Preschool Age CC</i>	<i>School Age CC Only</i>	<i>School Age CC and Preschool Age CC</i>
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SUMMER CHILDCARE IS OPEN JUNE 29TH THROUGH AUGUST 26TH

June 26th	<u>Childcare CLOSED</u>	<u>Mail Completed Registration Forms To</u>
July 3rd	Center preparation	Early Childhood Programs
August 27th & 28th	Holiday	Summer Registration
	School year preparation	PO Box 90010
		Bellevue, WA 98009-9010
	<u>Hours and Days</u>	<u>Business Office Contact Information</u>
	6:30 a.m. – 6:00 p.m.	(425) 456-4030 – Phone
	Monday - Friday	(425) 456-4176 - Fax

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- ACTIVITIES:** Swimming, organized sports, field trips and walking expeditions, guest speakers, crafts, snacks. **All activities & field trips included at no extra charge**
- REGISTRATION:** **Registration fee is \$30.00 per family.** Currently registered childcare clients need not pay additional registration fee.
- Summer registration forms are accepted on a first come first serve basis, turn in your registration form early to ensure you get all weeks you want to register for this summer. **All current school-year tuition must be paid in full prior to starting summer childcare.**
- CONDITIONS:** Summer care is reserved for a minimum of 1 week (Monday – Friday). **Families who register for childcare during the summer will be charged the full tuition no matter how many hours or days your child attends.** There are **NO** refunds for missed days.
- CONTRACT DETAILS:** Tuition is non-refundable
Credit is **NOT** given for missed days
Contract arrangements for summer may **NOT** be cancelled or changed without financial penalty unless **written notice is received on or before June 2, 2009**
Statements are mailed on the 20th of each month
Full tuition is due on the 1st of each month

***REGISTRATIONS ARE ACCEPTED VIA US MAIL ONLY
AT THE EARLY CHILDHOOD BUSINESS OFFICE***

COMPLETE THIS SECTION ONLY IF YOUR FAMILY IS NEW TO THE PROGRAM

Child's Legal First Name: _____	Child's Legal Last Name: _____
Birth Date: Mo _____ Day _____ Yr _____	Child's First Language: _____ Age: _____
Gender: M or F _____	Grade Level: _____

Ethnicity: (Circle One)	A – Asian or Pacific Islander	I – American Indian or American Eskimo	M – Multi-Ethnic
	A – Black or African American	W - Caucasian	H – Hispanic or Latino

Circle the appropriate answer			
Has your child been in childcare/preschool before?	Yes	No	
Is your child independently potty trained?	Yes	No	
Elementary School attending? (<i>School-Age Children Only</i>)	_____		
Has your child been enrolled in ESL programs?	Yes	No	
Does your child have an IEP? (Individual Education Plan)	Yes	No	
Has your child been enrolled in any special education program?	Yes	No	If yes, please answer questions below
Identify special needs: _____			

Child lives with: (Circle One)	1 – Both Parents	2 – Mother Only	3 – Father Only	4 – Father/Stepmother	5 – Mother/Stepfather
	6 – Foster Parent	7 – Legal Guardian	8 - Grandparent	A – Alternates between Mom & Dad	

Person Responsible for Paying Bill: (Circle One)	Both Parents	Mother	Father	Grandparents	Guardian
Parents have Joint Custody? (Circle One)	Yes	No	Release to non-custodial parent? (Circle One)	Yes	No

<u>If Student was NOT born in the United States please answer questions below</u>	
Birth Country: _____	Birth City: _____
Entered U.S: Month: _____	Day: _____ Year: _____

<u>If Student WAS born in the United States please answer questions below</u>	
Birth Country: _____	Birth City: _____

COMPLETE OTHER SIDE

Mother/Stepmother/Guardian

First Name: _____	Last Name: _____
Address: _____ Apt: _____	
City: _____	State: _____ Zip: _____
Home Ph: _____	Cell Ph: _____ Work Ph: _____
E-Mail: _____	Relationship to child: _____

Father/Stepfather/Guardian

First Name: _____	Last Name: _____
Check if address same as above (If not the same, please list address below)	
Address: _____ Apt: _____	
City: _____	State: _____ Zip: _____
Home Ph: _____	Cell Ph: _____ Work Ph: _____
E-Mail: _____	Relationship to child: _____

Emergency Contacts (Required) Other Than Parent	Person's Authorized to Pick Up Child (Required) Other Than Parent
Name: _____	Name: _____
Phone: _____	Phone: _____
Phone: _____	Phone: _____
Name: _____	Name: _____
Phone: _____	Phone: _____
Phone: _____	Phone: _____

Medical Information

Physician's Name: _____	Phone: _____
Dentist's Name: _____	Phone: _____

I certify the foregoing information to be true and recognize that falsification or omission of information could result in termination of my child's childcare/preschool programs.

I understand when my child is registered active with the Early Childhood Programs; I am responsible for the monthly tuition.

Signature

Date