

**Summer School Childcare  
Part Day Childcare  
July 6<sup>th</sup> – July 31<sup>st</sup>**

**Location: Sherwood Forest Childcare Only**

- Elementary Summer School is located at Lake Hills and Sherwood Forest Elementary.
- After Summer School childcare will be located at **Sherwood Forest Elementary ONLY** from July 6<sup>th</sup> to July 31<sup>st</sup>.
- Childcare will be open from 1:00 p.m. – 6:00 p.m.
- There is no before summer school childcare available.
- **We will need a minimum of 12 children to be enrolled to run the childcare program**
- New families need to include a \$30.00 registration fee; no registration fee is required for families currently in the Early Childhood Programs.
- Mail the completed registration form to: **Bellevue School District  
Summer Registration  
PO Box 90010  
Bellevue, WA 98009**
- We will confirm enrollment in summer school childcare by June 9<sup>th</sup>.
- **Children will be bused from Lake Hills Elementary to Sherwood Forest Elementary at no additional cost.**
- **Tuition for the four-week program is \$500.00.**
- Lunch is **not** provided at childcare children are to eat lunch at Summer School.
- Enrollment is for the full four weeks of the summer school program. **Part week and daily contracts are not available.**
- Families who reserve space for their child will be charged the full tuition whether or not their child attends. **Tuition is non-refundable and credit is not given for missed days.**
- **All activities are included at no additional fee.**

**Summer School Childcare  
Part Day Childcare  
July 6<sup>th</sup> – July 31<sup>st</sup>**

**Location: Sherwood Forest Childcare Only**

**Registration forms are accepted via US MAIL ONLY; please return this form by June 1, 2008, registration forms will be accepted after June 1, 2008 on a space availability basis.**

**Child's Name:** \_\_\_\_\_ **08-09 Grade:** \_\_\_\_\_

**Child's Name:** \_\_\_\_\_ **08-09 Grade:** \_\_\_\_\_

**1<sup>st</sup> Parent/Guardian Name:** \_\_\_\_\_

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

**Home Ph:** \_\_\_\_\_ **Work Ph:** \_\_\_\_\_

**Cell Ph:** \_\_\_\_\_

**2<sup>nd</sup> Parent/Guardian Name:** \_\_\_\_\_

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

**Home Ph:** \_\_\_\_\_ **Work Ph:** \_\_\_\_\_

**Cell Ph:** \_\_\_\_\_

**Emergency Contact (*Other than parents or guardian*)**

**Name:** \_\_\_\_\_ **Name:** \_\_\_\_\_

**Home Ph:** \_\_\_\_\_ **Home Ph:** \_\_\_\_\_

**Work Ph:** \_\_\_\_\_ **Work Ph:** \_\_\_\_\_

**Cell Ph:** \_\_\_\_\_ **Cell Ph:** \_\_\_\_\_

**If you have any questions please call our office at (425) 456-4030**

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

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# ***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	<b>If yes, please answer questions below</b>
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	

**If Student was NOT born in the United States please answer questions below**

Birth Country: _____	Birth City: _____
Entered U.S: Month: _____ Day: _____ Year: _____	

**If Student WAS born in the United States please answer questions below**

Birth Country: _____	Birth City: _____
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**COMPLETE OTHER SIDE**

<u>Mother/Stepmother/Guardian</u>		
First Name: _____	Last Name: _____	
Address: _____		Apt: _____
City: _____	State: _____	Zip: _____
Home Ph: _____	Cell Ph: _____	Work Ph: _____
E-Mail: _____	Relationship to child: _____	

<u>Father/Stepfather/Guardian</u>		
First Name: _____	Last Name: _____	
<b>Check if address same as above (If <u>not</u> the same, please list address below)</b>		
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