



PRESCHOOL REGISTRATION FORM

2016/2017

12424 - 42nd Ave. S.

Tukwila, WA 98168

206.768.2822

f)206.768.0524

Explorers (3 years old)

Discovery Kidz (4 years old)

Adventurers 3 /4 Split Class

Child must be appropriate age by August 31st, 2016

Child's Name _____ Birthdate _____ Sex _____ Age _____
Last First M

Child's Address _____
City Zip

Siblings names/ages _____ English Speaking Contact _____

Does your child speak English Yes or No (optional) Primary Language Spoken @ home _____

Parent/Guardian/Responsible for Account Payment Authorized to pick-up Child: Yes/No Lives With: Yes/No

Name _____ Place of Employment _____
 Home Phone _____ Work Phone _____
 Home Address _____ Direct Line _____
 Cell Phone/Pager _____ e-mail _____

Parent/Guardian Authorized to pick-up Child: Yes/No Lives With: Yes/No

Name _____ Place of Employment _____
 Home Phone _____ Work Phone _____
 Home Address _____ Direct Line _____
 Cell Phone/Pager _____ e-mail _____

List any additional persons authorized to pick up child: (Please Print)

	Name (First & Last)	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Emergency Contacts (Other than Parents): (Please Print)

	Name (First & Last)	Phone	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Does your child have any allergies? If so, please list _____

Limitations to participation? _____



Liability Release- PRESCHOOL

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Child's Name _____ ParentsName _____

AUTHORIZATION OF ACCEPTANCE:

I hereby give my permission for _____ to attend and participate in the above City of Tukwila Parks and Recreation Programs.

MEDICAL TREATMENT:

I hereby give permission that my child may be given emergency treatment, to include First Aid and CPR by a qualified staff member. I also give permission for my child to be transported by ambulance, treated by aid car personnel and/or transported to an emergency center for treatment.

In the event that I cannot be contacted, I further authorize and consent to the administration of any and all medical, dental, and surgical examinations or operations and treatment or all other related care, including the administration of drugs, tests, injuries, anesthesia, and/or blood transfusions to the above named minor person that may be ordered by the physician and/or dentist in attendance at the medical center deemed necessary for emergency treatment. I hereby consent to the release of medical reports to any doctor or agency and consent to the admission of the above named minor person to the hospital.

I certify that I am the parent or legal guardian of the above mentioned child and that I have authority to authorize such treatments.

DISCRIMINATION STATEMENT:

The City of Tukwila Parks and Recreation Department does not discriminate based on race, creed, color, ethnicity, national origin, sex, age, marital status, or sexual preference.

CPS STATEMENT:

The City of Tukwila Parks and Recreation Department is mandated to report all suspected and visual signs of child abuse or neglect to the Department of Social Health Services division of Child Protective Services.

INSURANCE:

It is the responsibility of every individual, their parent or legal guardian to provide for their own accident and health coverage while participating in all City of Tukwila Parks and Recreation Department programs and activities.

PARTICIPATION AURHORIZATION:

I give permission for my child to participate in activities, field trips, swimming, and to be transported as authorized by the City of Tukwila Parks and Recreation department. Note any exceptions _____

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

By signing the above, I hereby waive and release any and all rights and claims that may be had or might arise against the City of Tukwila Parks and Recreation Program, rental agencies, agents, or representatives for any and all losses suffered while competing in or in connection with the programs sponsored or co-sponsored by Tukwila Parks and Recreation. The City of Tukwila is not responsible for any personal articles lost or stolen. I also allow photographs to be taken during Parks and Recreation activities to be used in the promotion of future City Programs.



PAYMENT POLICY AGREEMENT

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Child's Name

Monthly payment is due on the 1st of the month. If payment is not received by the payment deadline, a \$10.00 late fee will be added to your account and your child will be dismissed from the program until the balance is paid in full. Those dismissed from the program due to non-payment or late payments will be allowed to return only when payment is received in full, space permitting.

Upon enrollment in our Preschool Program, I understand my child is registered for the whole 2015-16 school year and payment will be collected for the duration of the program, or until two weeks written notice is received by the Youth Recreation Coordinator.

Program Fees:

\$50 Registration Fee (non-refundable) to hold your child's spot

(10% off annual payment if you pay in full for the year)

Explorers (3 year olds)

School Year will be September 13th - June 8th

Class is held Tuesday & Thursday 9:30am-11:30am

\$130/ \$105 RD Monthly Fee

Discovery Kidz (4 year olds)

School Year will be September 12th - June 9th

Discovery Kids Class is held Monday, Wednesday, & Friday 9:30am-12:00pm

\$ 195/ \$170 RD Monthly Fee

Adventurers (3/4 year olds)

School Year will be September 13th - June 8th

Adventurers Class is held Tuesday & Thursday 12:00pm-2:30pm (3/4 Split Class)

\$135/ \$110 RD Monthly Fee

Payment Options:

Monthly payment plan - Tuition is paid in 9 equal installments. **The first payment is due September 1st**, with the remaining 8 payments are due on the first day of each month beginning **October 1, 2016**, with the last payment due on **May 1, 2017**. There is a \$10 fee for payments received after the 10th day of each month.

Auto Payment – Sign up for auto payment and your card will be charged at the 1st of the month and you don't have to worry about making the payment.

Annual payment plan – If you pay the full tuition for the 2016-2017 school year on or before **August 3, 2016** the total amount will be discounted by 10%.

By signing below I acknowledge that I have read, understand, and agree to comply with the aforementioned policies.

X _____
Parent/Guardian Signature

Date



TUKWILA
PARKS & RECREATION
GOOD HEALTHY FUN

AUTO PAYMENT AGREEMENT

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We offer "autopay" for your convenience, just sign the authorization form to charge your credit card for your monthly payment. Your credit card will be charged on the first of each month. Your entire September child care amount will be charged on September 1. If you sign up for "autopay" and cancel your registration before September 4 your credit card will be charged a \$50 cancellation fee.

Autopay - Credit Card Authorization

I authorize Tukwila Parks & Recreation Dept. to charge the credit card noted below for my monthly Preschool Program payment on the 1st of each month.

Child's Name _____

Credit Card Number: _____ Exp. _____ CVC # _____

Authorized Signature: _____

Date: _____ Recreation Coordinator Employee Initials _____