



• SWIM & RECREATION CLUB •

PRESCHOOL

Pre-Kindergarten Program

Registration Packet

2018/2019

...where swimming is part of the curriculum.

Welcome, Enrollment Options & Tuition	Page 2
Registration Form	Page 3-4
Program Contract (reverse) Due: Time of Enrollment	
Parent Copy of Program Contract	Page 5
Medical & Contact Info	
Consent to Medical Care/Promo Use (reverse) Due: By August 31, 2018	Page 6-7
Certificate of Immunization or Exemption Due: By August 31, 2018	Page 8-10
Authorization Agreement for Auto. Payment (Recommended- Optional)	Page 11-12

Samena Swim and Recreation Club
15231 Lake Hills Blvd. Bellevue, WA 98007
Phone: (425) 746-1160 Fax: (425)746-4485 www.samena.com

Preschool Coordinator: Sherie Igou, ext.140



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PRESCHOOL

...where swimming is part of the curriculum.

Pre-Kindergarten Program

Thank you for enrolling in the Samena Preschool Pre-Kindergarten Program. We take pride in offering quality, well-rounded programs that have been teaching children for 50 years. A unique benefit to our curriculum is a swim lesson with trained swim instructors included at the end of the day, Monday through Thursday.

Children must be 5 years old by January 31, 2019 and fully toilet trained to be eligible for enrollment. The ratio is 1:10 (one teacher for up to 10 students). Our teaching team is experienced, creative and caring. Age-appropriate activities include: art, reading and writing skills development, number recognition, music, science, cooking, storytelling, health & exercise, and an enhanced Pre-K curriculum that will allow students to be more than ready to enter Kindergarten.

Tuition rates are on a monthly basis. Tuition and curriculum are based on a ten-month program. Our holiday and vacation schedules closely follow the Bellevue School District calendar.

Enrollment & Fees for School Year 2018/2019:

Afternoon Session: 1pm – 4pm

5 days a week with the following schedule:

Monday-Friday

Morning Session: 9am – 12pm

3 days a week with the following schedule:

Monday-Wednesday-Friday

Monthly Tuition rates:

	<u>Member</u>	<u>Program Member</u>
5 days per week:	\$560	\$755
3 days per week:	\$365	\$475

1. A non-refundable \$110 registration fee must accompany the completed Pre-K Registration Form and Preschool Program Contract. These 3 items will reserve your spot.
2. September 2018 (first month) and June 2019 (last month) tuitions are due by June 1, 2018.
3. In the event of a waitlist, a \$110 waitlist fee is required. If we are unable to secure you a place in the preschool by August 1, 2018, the fee is refundable. If we have a space for your child and you choose not to enroll, the fee is non-refundable.
4. Cancellation policy: Withdraw by June 30, 2018 and the last month tuition will be refunded. As of July 1, 2018, there are no refunds.
5. School forms will need to be completed for all enrolled students prior to attending in September.
6. It is suggested that parents complete an Authorization Agreement for Automatic Payment (page 10 **or** 11) to have Tuition automatically deducted each month.

Keep this page for your records. The above information also appears on the Program Contract (copy on reverse), which you will sign & submit at time of Enrollment (page 5)



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PRESCHOOL

Pre-Kindergarten Program Contract 2018-2019

PARENT COPY

****Original must be signed on Reverse of Registration Form, page 5****

Thank you for choosing the Samena Preschool. We look forward to having your child in our program this school year. Please read and sign this form and return with your Preschool Registration Form. The remaining forms may be submitted by August 31, 2018.

Payment Policy:

- **Registration Fee:** A non-refundable \$110 registration fee must accompany a Preschool Registration Form and Preschool Program Contract.
- **September 2018** (first month) and **June 2019** (last month) tuitions are due by **June 1, 2018**.
- **Tuition payments** are due by the first of the month.
- **Monthly tuition** is calculated based on the total cost of the school year and then divided equally by 10 months. This allows all monthly payments to be the same regardless of the number of days in the month. There is no change in tuition due to family vacations, time off, etc.
- **Cancellation Policy:** Once paid, the first month's tuition is non-refundable. Withdraw by June 30, 2018 and the last month's tuition will be refunded. After July 1, 2018, there are no refunds.
- **Withdrawal Policy:** Written notice must be delivered to the Preschool Coordinator at least 30 days before the 1st of the month from which you are withdrawing from the program or changing days. Our preschool program is designed to operate on the school year calendar with a commitment for September through June.

Additional Fees:

- **Waitlist Fee:** In the event of a waitlist, a \$110 waitlist fee is required. If we are unable to secure you a place in the Preschool by August 1, 2018, this fee is refundable. If we have a space for your child and you choose not to enroll, the waitlist fee is non-refundable.
- **Late Pick Ups:** Our class program ends at 4:00pm. A fee is charged at a rate of \$10/per each 10 minute increment you are late past the end of the program. The late fee is paid the day of the occurrence at the front desk and is not prorated. Please call if you will be late for any reason.

Additional Information:

- **Medication:** If your child requires medication, the medication information sheet must be completed, available from the lead teacher, authorizing Samena staff to administer medications to your child. Medication must be provided in its original container with written directions and dosing instructions for your child.
- **Communication:** For your child's safety, we ask that you provide in writing any changes to your emergency contacts including address and phone changes. A communication change form is available from the lead teacher.
- **Promotions materials:** We request permission for the Samena Club to use any pictures or video taken of your child in future promotional materials for the Samena Club only. Samena would have exclusive use of the photographs or videos; no photos will be sold. If you wish for your child to not be included in any promotional materials, please indicate this on Promotions Use Permission Form located in this packet and return by August 31, 2018.

My Signature on the original indicates that I/we agree to the Terms of the Samena Club Preschool, as listed on this contract. I have read and understand the terms of this agreement. I agree that I and all persons participating in the Samena Club Preschool are bound by and shall comply with the rules and regulations of the Samena Club as they may be amended from time to time.



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PRESCHOOL

Pre-Kindergarten Program Contract 2018-2019

SAMENA COPY

Thank you for choosing the Samena Preschool. We look forward to having your child in our program this school year. Please read and sign this form and return with your Preschool Registration Form. The remaining forms may be submitted by August 31, 2018.

Payment Policy:

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- **September 2018** (first month) and **June 2019** (last month) tuitions are due by **June 1, 2018**.
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My Signature below indicates that I/we agree to the Terms of the Samena Club Preschool, as listed on this contract. I have read and understand the terms of this agreement. I agree that I and all persons participating in the Samena Club Preschool are bound by and shall comply with the rules and regulations of the Samena Club as they may be amended from time to time.

Parent/Guardian Name: _____ Child's Name: _____

Signature: _____ Date: _____



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PRESCHOOL

2018-19 MEDICAL & CONTACT INFORMATION

Please print and complete all details.

Participant's Name: _____

Date of Birth: ____/____/____

Gender: Male Female

Parent/Guardian's Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____ Day Phone: (____) _____

Cell Phone: (____) _____ Email Address: _____

Participant's Medical Information:

1. Physician's Name: _____ Phone: (____) _____

2. Date of last physical/Doctor appointment: _____

3. Is your child currently taking any medications? No Yes **If Yes, please describe:**

Dosage: _____

4. Does your child have any allergies? No Yes **If Yes, please describe:**

5. Hospital Preference: _____

6. Is there other information (or special needs) which the teaching staff should be aware of?

7. Brothers/sisters & ages? _____

Emergency Contact Information

In case of an emergency, the Samena Staff is directed to call 911 immediately, then the parent or guardian. If you cannot be reached, please list two people most likely to be home and able to assist your child.

Name: _____

Relation: _____

Phone: (day) _____

Phone: (other) _____

Name: _____

Relation: _____

Phone: (day) _____

Phone: (other) _____

Authorized People Allowed to Pick up My Child:

Name: _____

Relation: _____

Phone: (day) _____

Phone: (other) _____

Name: _____

Relation: _____

Phone: (day) _____

Phone: (other) _____

Name: _____

Relation: _____

Phone: (day) _____

Phone: (other) _____



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PRESCHOOL Consent to Medical Care & Treatment of Minor Children

I, _____ (parent/legal guardian), hereby give

permission that my child, _____, may be given emergency treatment to include first aid and CPR by a qualified staff member at Samena Club. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health in case I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signature of Parent/Guardian

Date

Promotions Use Permission

Samena Club requests your permission to use your son or daughter's photograph in Samena promotions materials. Periodically we take pictures and videos for commercial use of the children during their preschool activities. We use these for our brochures and other Samena Club advertising. Samena has exclusive use of the photographs or videos.

_____ Yes, this is acceptable.

_____ No, this is not acceptable.

Signature of Parent/Guardian

Date

**AUTHORIZATION AGREEMENT FOR
CREDIT or DEBIT CARD (EFT) AUTOMATIC PAYMENTS**
For Automatic Payment from Bank Account (ACH), please fill out reverse side instead

Company: **SAMENA CLUB**

I (we) hereby authorize Samena Club or its authorized credit/debit card transaction agent(s) to bill my credit/debit card account indicated below for monthly payment.

Credit/Debit Card type: (Please circle one) **Visa** **Mastercard** **Discover** **AmEx**

- Last 4 digits of credit card # ___ ___ ___ ___
- Expiration Date: ___ ___ / ___ ___
- CVV# (3 or 4 digits): ___ ___ ___ ___
- Name on Card: _____
- Street Address credit card statement is sent to: _____
- Zip Code: _____

This authority is to remain in full force and effect until Samena Club has received written notification from me (or either of us) of its termination in such time and in such manner as to afford Samena Club and the DEPOSITORY a reasonable opportunity to act on it. If I change the account number or financial institution specified, I will provide written authorization for the change to Samena Club.

Membership Number: _____

Primary Member Name: (Please Print) _____

Primary Member Signature: _____ Date Signed: _____

Spouse: (if applicable)

Spouse Name: (Please Print or Type) _____

Spouse Signature: _____ Date Signed: _____

15231 Lake Hills Blvd. Bellevue WA 98007
Attn: Rachel Perez (425) 746-1160 ext 124 rachelp@samena.com

**AUTHORIZATION AGREEMENT FOR
ACH (Bank Account) AUTOMATIC PAYMENTS**

For Automatic Payment from Credit/Debit Card (EFT), please fill out reverse side instead

Company: **SAMENA CLUB** **Type of Account:** **Checking** **Savings**

I (we) hereby authorize Samena Club to initiate an electronic debit to my (our) account identified below and its depository (bank), to debit the same to said account.

Depository Name: _____ Branch _____

City, State, Zip: _____

Transit/Routing No. : _____ : Account No. _____
(first 9 numbers on bottom left of check)

I have read and agree to the terms of this application. This authorization is to remain in full force and effect until Samena Club and its DEPOSITORY have received written notification from me (or either of us) of its termination in such time and in such manner as to afford Samena Club and its DEPOSITORY a reasonable opportunity to act on it.

I further understand that it is my sole responsibility to maintain sufficient available funds in my account to provide for payment to Samena Club on the due date. In the vent that there are insufficient funds in the account and my financial institution denies payment to Samena Club, I understand that Samena Club will add a \$10.00 service fee to my account.

Membership Number: _____

Primary Member Name: (Please Print or Type)

Primary Member Signature: _____ Date Signed: _____

Spouse: (if applicable)

Spouse Name: (Please Print or Type)

Spouse Signature: _____ Date Signed: _____

(ATTACH VOIDED CHECK)