

PRESCHOOL

Pre-Kindergarten Program

Registration Packet

2021/2022

...where swimming is part of the curriculum.

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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 Dunn, ext.140, sheried@samena.com

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 more than 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, 2022 and fully toilet trained to be eligible for enrollment. Our classroom maintains a 1:10 teacher to student ratio with a teaching team that 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 2021/2022:

9am– 12pm OR 9am– 1pm

Monday/Wednesday/Friday

or

M/W/F Pre-K and T/TH 3-5's

Monthly Tuition rates:

	3 Hour Program (9am-12pm)		4 Hour Program (9am-1pm)	
	Member	Program Member	Member	Program Member
Pre-K M/W/F 3-5 T/TH	\$585	\$775	\$780	\$1030
Pre-K M/W/F	\$375	\$500	\$500	\$670

1. A non-refundable \$115 registration fee must accompany the completed Pre-K Registration Form and Preschool Program Contract. These 3 items will reserve your spot.
2. September 2021 (first month) and June 2022 (last month) tuitions are due by June 1, 2021.
3. In the event of a waitlist, a \$115 waitlist fee is required. If we are unable to secure you a place in the preschool by August 1, 2021, 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, 2021 and the last month tuition will be refunded. As of July 1, 2021, 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)



• SWIM & RECREATION CLUB •

PRESCHOOL

Pre-Kindergarten Program Contract 2021-2022

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, 2021.

Payment Policy:

- **Registration Fee:** A non-refundable \$115 registration fee must accompany a Preschool Registration Form and Preschool Program Contract.
- **September 2021** (first month) and **June 2022** (last month) tuitions are due by **June 1, 2021**.
- **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, 2021 and the last month's tuition will be refunded. After July 1, 2021, 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 \$115 waitlist fee is required. If we are unable to secure you a place in the Preschool by August 1, 2021, 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:** A fee is charged at a rate of \$10/per each 10-minute increment you are late past your program end time. 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, 2021.

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.



• SWIM & RECREATION CLUB •

PRESCHOOL

Pre-Kindergarten Program Contract 2021-2022

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, 2021.

Payment Policy:

- **Registration Fee:** A non-refundable \$115 registration fee must accompany a Preschool Registration Form and Preschool Program Contract.
- **September 2021** (first month) and **June 2022** (last month) tuitions are due by **June 1, 2021**
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Additional Fees:

- **Waitlist Fee:** In the event of a waitlist, a \$115 waitlist fee is required. If we are unable to secure you a place in the Preschool by August 1, 2020, 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:** A fee is charged at a rate of \$10/per each 10-minute increment you are late past your program end time. 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:

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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

2021-22 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) _____



• SWIM & RECREATION CLUB •

**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



Certificate of Immunization Status (CIS)

Reviewed by: _____	Date: _____
Signed COE on File? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

Child's Last Name: _____ First Name: _____ Middle Initial: _____ Birthdate (MM/DD/YYYY): _____

I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.

Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.

X _____ X _____

Parent/Guardian Signature _____ Date _____ Parent/Guardian Signature Required if Starting in Conditional Status _____ Date _____

Required Vaccines for School or Child Care Entry	Date	Date	Date	Date	Date	Date
	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
▲ Required for School ● Required Child Care/Preschool						
▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
▲ DT or Td (Tetanus, Diphtheria)						
▲ Hepatitis B						
● Hib (<i>Haemophilus influenzae type b</i>)						
▲ IPV (Polio) (any combination of IPV/OPV)						
▲ OPV (Polio)						
▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
▲ Varicella (Chickenpox)						
<input type="checkbox"/> History of disease verified by IIS						

Recommended Vaccines (Not Required for School or Child Care Entry)

Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Documentation of Disease Immunity (Health care provider use only)

If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.

I certify that the child named on this CIS has:

A verified history of varicella (chickenpox) disease.

Laboratory evidence of immunity (titer) to disease(s) marked below.

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella

Polio (all 3 serotypes must show immunity)

Printed Name _____

Licensed Health Care Provider Signature _____ Date _____

I certify that the information provided on this form is correct and verifiable. Health Care Provider or School Official Name: _____ Signature: _____ Date: _____
If verified by school or child care staff the medical immunization records must be attached to this document.

Instructions for completing the Certificate of Immunization Status (CIS): Print the form from the Immunization Information System (IIS) or fill it in by hand.

To print with the immunization information filled in:

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: waitrecords@doh.wa.gov or 1-866-397-0337.

To fill out the form by hand:

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
 - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
 - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

Acceptable Medical Records

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

Conditional Status

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

Reference guide for vaccine trade names in alphabetical order For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
AectHB	Hib	Fluarix	Flu	Havrix	Hep A	Menvéo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediatrix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PSPV	Twinnix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MP5V4	Recombinax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

**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: _____

**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)