



# PRESCHOOL 3-5 Year Old Program Registration Packet 2022-2023

*...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](http://www.samena.com)

Preschool Coordinator: Rebecca Luke, ext. 140, [rebeccal@samena.com](mailto:rebeccal@samena.com)



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# PRESCHOOL

*...where swimming is part of the curriculum.*

## 3-5 Year Old Program

Thank you for enrolling in the Samena Preschool’s 3-5 year old Program. We take pride in offering a quality, well-rounded program that has been teaching children for more than 50 years. A unique benefit to our curriculum is a swim lesson with trained swim instructors the last half-hour of each day.

Children must be 3 years old by August 31, 2022 and fully toilet trained to be eligible for enrollment. Our classroom maintains a 1:10 teacher to student ratio in our classroom 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, Kindergarten readiness, Spanish and more. Tuition rates are on a monthly basis. Tuition and curriculum is based on a ten month program. Our holiday and vacation schedule closely follows the Bellevue School District calendar.

### Enrollment Options & Fees for School Year 2022/2023:

	3 Hours (9am-12pm & 1-4pm)		4 Hours (9am-1pm & 12-4pm)	
3-5's	Member	Program Member	Member	Program Member
5 Days	\$650	\$870	\$870	\$1145
4 Days	\$535	\$710	\$710	\$940
3 Days	\$415	\$550	\$550	\$730
2 Days	\$340	\$450	\$450	\$600

1. A non-refundable \$115 registration fee must accompany the completed Preschool Registration Form and Preschool Program Contract. These 3 items will reserve your spot.
2. September 2022 (first month) and June 2023 (last month) tuitions are **due by June 1, 2022**.
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, 2022, 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, 2022 and the last month tuition will be refunded. **As of July 1, 2022, there are no refunds.**
5. School forms will need to be completed for all enrolled students prior to attending in September, 2022.
6. It is recommended that parents complete an Authorization Agreement for Automatic Payment (page 8 or 9) 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 4)**



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## PRESCHOOL

# 3-5 Year Old Program Contract 2022-2023

**\*\*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, 2022.

### Payment Policy:

- **Registration Fee:** A non-refundable \$115 registration fee must accompany a Preschool Registration Form and Preschool Program Contract.
- **September 2022**(first month) and **June 2023** (last month) tuitions are due by **June 1, 2022**.
- **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, 2022** and the last month's tuition will be refunded. After July 1, 2022, there are no refunds.
- **Withdrawal Policy:** Written notice must be delivered to the Preschool Coordinator at least 30 days before the 1<sup>st</sup> of the month from which you are withdrawing from the program or changing days. Our preschool curriculum 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 spot in the Preschool by August 1, 2022, this fee is refundable. If we have a space for your child and you choose not to enroll, the waitlist fee is non-refundable.
- **Schedule Changes:** There is no charge to add days to your current program beyond the difference in tuition, if space is available. There is a \$50 administrative change fee to decrease the number of days attending.
- **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 Preschool Coordinator.
- **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, 2022.

My Signature on 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

## 3-5 Year Old Program

# 2021-2022 REGISTRATION FORM

<b>FOR OFFICE USE</b>	
Member #:	_____
Non Member ID #:	_____
Input in Preschool Database:	_____

*\*Program Contract must be signed on the Reverse of this Form at time of Registration\*  
Additional forms need to be completed prior to the school year*

Member     Non-Member

Child's Name: \_\_\_\_\_  M  F

Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_      Age at start of school: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City/Zip

Email Address: \_\_\_\_\_

Does your child have previous preschool experience?     Yes     No

Has your child had previous swim instruction?     Yes     No

Class Selection	3 Hour Class		4 Hour Class	
	Member	Program Member	Member	Program Member
<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 9am-1pm    M-F	\$650	\$870	\$870	\$1,145
<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 9am-1pm    M/W/F	\$415	\$550	\$550	\$730
<input type="checkbox"/> 9am-12pm <input type="checkbox"/> 9am-1pm    T/Th	\$340	\$450	\$450	\$600
Class Selection	Member	Program Member	Member	Program Member
<input type="checkbox"/> 12pm-4pm <input type="checkbox"/> 1-4pm    M-Th	\$535	\$710	\$710	\$940
<input type="checkbox"/> 12pm-4pm <input type="checkbox"/> 1-4pm    M/W	\$340	\$450	\$450	\$600
<input type="checkbox"/> 12pm-4pm <input type="checkbox"/> 1-4pm    T/Th	\$340	\$450	\$450	\$600
<input type="checkbox"/> 12pm-4pm <input type="checkbox"/> 1-4pm    M/T/W	\$415	\$550	\$550	\$730
<input type="checkbox"/> 12pm-4pm <input type="checkbox"/> 1-4pm    M/W/Th	\$415	\$550	\$550	\$730
<input type="checkbox"/> 12pm-4pm <input type="checkbox"/> 1-4pm    T/W/Th	\$415	\$550	\$550	\$730

-----For Office Use Only-----

Registration Fee: Date: _____ \$ _____	Pay Method*: _____	Received by: _____
First Mo. Tuition: Date: _____ \$ _____	Pay Method*: _____	Received by: _____
Last Mo. Tuition: Date: _____ \$ _____	Pay Method*: _____	Received by: _____



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## PRESCHOOL

# 3-5 Year Old Program Contract 2022-2023

\*\*\*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. A copy for your records is included on page 3.

### Payment Policy:

- **Registration Fee:** A non-refundable \$115 registration fee must accompany a Preschool Registration Form and Preschool Program Contract.
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- **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.
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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

# 2022-2023 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? Diet preferences (vegetarian, gluten free, etc.)?**

\_\_\_\_\_

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



# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed COE on File?  Yes  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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature Required if Starting in Conditional Status \_\_\_\_\_ Date \_\_\_\_\_

Required for School • Required Child Care/Preschool	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY	MM/DD/YY
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**Documentation of Disease Immunity (Health care provider use only)**

- ▲ DT aP (Diphtheria, Tetanus, Pertussis)
- ▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)
- ▲ DT or Td (Tetanus, Diphtheria)
- ▲ Hepatitis B
- Hb (*Haemophilus influenzae* type b)
- ▲ IPV (Polio) (any combination of IPV/OPV)
- ▲ OPV (Polio)
- ▲ MMR (Measles, Mumps, Rubella)
- PCV/PPSV (Pneumococcal)
- ▲ Varicella (Chickenpox)
- History of disease verified by IIS

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.

COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease type A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hb	<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)

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

COVID-19						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease type A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

Licensed Health Care Provider Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

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.



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

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Attn: Kristin (425) 746-1160 ext. 124 kristinl@samena.com