

# PRESCHOOL



**"Dolphins"**



## Pre-Kindergarten Program Registration Packet 2023/2024

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

<b>Welcome, Enrollment Options &amp; Tuition</b>	<b>Page 1</b>
<b>Parent Copy of Program Contract</b>	<b>Page 2</b>
<b>Registration Form /Program Contract</b> Due: Time of Enrollment	<b>Page 3-5</b>
<b>Medical &amp; Contact Info</b> <b>Consent To Medical Care/ Promo Use</b> Due: By August 31, 2023	<b>Pages 6-7</b>
<b>Certificate Of Immunization or Exemption (Reverse)</b> Due: By August 31, 2023	<b>Pages 8</b>
<b>Authorization Agreement For Auto Payment</b>	<b>Pages 9</b>

### **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.*

### 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 the inclusion of swim lessons/free swim for 30 minutes each day.

Children must be 5 years old by January 31, 2024, 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. All Pre-K curriculum is taught in both English and Spanish!

Tuition rates are on a monthly basis. Tuition and curriculum are based on a ten-month program. Our holiday and vacation schedules closely (but not exactly!) follow the Bellevue School District calendar.

#### Enrollment & Fees for School Year 2023/2024:

**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
<b>5 Days/Week</b> Pre-K M/W/F 3-5 T/TH	\$725	\$955	\$955	\$1,265
<b>3 Days Pre-K</b> M/W/F	\$465	\$620	\$620	\$825

1. A non-refundable \$120 registration fee must accompany the completed Pre-K Registration Form and Preschool Program Contract. These 3 items will reserve your spot.
2. September 2023 (first month) and June 2024 (last month) tuitions are due by June 1, 2023.
3. In the event of a waitlist, a \$120 waitlist fee is required. If we are unable to secure you a place in the preschool by August 1, 2023, 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, 2023, 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 and submitted to Rebecca Luke by **August 31, 2023.**
6. Parents must complete an Authorization Agreement for Automatic Payment (page 9) as tuition will be 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 (pages 4 & 5)**



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## PRESCHOOL

# Pre-K Program Contract 2023-2024

### \*\*PARENT COPY\*\*

***\*Original must be signed on Reverse of Registration Form, pages 4 & 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 the **\*\*Samena Copy\*\*** on pages 4 & 5 and return with your Preschool Registration Form. **The remaining forms may be submitted by August 31, 2023.**

#### Payment Policy:

- **Registration Fee:** A non-refundable \$120 registration fee must accompany a Preschool Registration Form and Preschool Program Contract.
- **September 2023**(first month) and **June 2024** (last month) tuitions are due by **June 1, 2023**.
- **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, 2023** and the last month's tuition will be refunded. **As of July 1, 2023, there are no refunds.**
- **Withdrawal Policy:** Written notice must be given 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 \$120 waitlist fee is required. If we are unable to secure you a spot in the Preschool by August 1, 2023, 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, a medication information sheet (available from the Preschool Coordinator) must be completed 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, or via email, to the Preschool Coordinator any changes to your emergency contacts including address and phone changes.
- **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 maintains 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 on page 7 and return by August 31, 2023.

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

# Pre-Kindergarten Program Contract 2023-2024

\*\*\*SAMENA COPY\*\*\*

Thank you for choosing Samena Preschool. We look forward to having your child in our program this school year. Please read and initial next to each policy and sign this form and return with your Preschool Registration Form. **The remaining forms must be submitted by August 31, 2023.**

### Payment Policy:

(Please initial)

\_\_\_\_\_ **Registration Fee:** A non-refundable \$120 registration fee must accompany a Preschool Registration Form and Preschool Program Contract.

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### Additional Fees:

(Please initial)

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**(Continued on Page 5)**

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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**

**2023-2024 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)

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

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed COE on File?  Yes  No

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	MM/DD/YY	MM/DD/YY	Documentation of Disease Immunity (Health care provider use only)
<b>Required Vaccines for School or Child Care Entry</b>										
•▲ DT aP (Diphtheria, Tetanus, Pertussis)										I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> 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"/> Hb <input type="checkbox"/> Measles <input type="checkbox"/> Mumps <input type="checkbox"/> Rubella <input type="checkbox"/> Tetanus <input type="checkbox"/> Varicella <input type="checkbox"/> Polio (all 3 serotypes must show immunity)
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)										
•▲ DT or Td (Tetanus, Diphtheria)										
•▲ Hepatitis B										
• Hb ( <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)										
COVID-19										Licensed Health Care Provider Signature Date  Printed Name
Flu (Influenza)										
Hepatitis A										
HPV (Human Papillomavirus)										
MCV/MPSV (Meningococcal Disease type A, C, W, Y)										
MenB (Meningococcal Disease type B)										
Rotavirus										

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.

# 2023-2024 School Year

## AUTHORIZATION AGREEMENT FOR CREDIT or DEBIT CARD (EFT) AUTOMATIC PAYMENTS

**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 tuition payments.

Use my current card on file

Use an additional card on file

Please specify:

Last 4 digits of credit card # \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

This card has been added on file to my Samena account through the Front Desk or by myself through my online account portal

This authority is to remain in full force and effect for the 2023-2024 school year or until Samena Club has received written notification from me 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: \_\_\_\_\_

15231 Lake Hills Blvd. Bellevue WA 98007  
Attn: Kristin (425) 746-1160 ext. 124 [billing@samena.com](mailto:billing@samena.com)