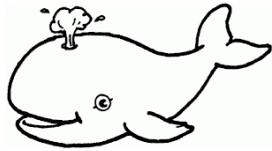


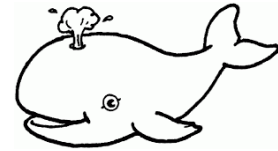
# S A M E N A

•SWIM & RECREATION CLUB•

## PRESCHOOL



# "Whales"



## 3-5 Year-Old Program Registration Packet 2024-2025

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

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<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 3-4</b>
<b>Authorization Agreement for Auto Payment</b> Due: Time of Enrollment	<b>Pages 5</b>
<b>Medical &amp; Contact Info</b> <b>Consent to Medical Care/Promo Use</b> Due: By August 31, 2024	<b>Procare Online</b>
<b>Certificate of Immunization (CIS) or Exemption</b> Due: By August 31, 2024	<b>Procare Online</b>

### **Samena Swim and Recreation Club**

15231 Lake Hills Blvd. Bellevue, WA 98007

(425) 746-1160

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

Preschool Coordinator: Rosie Steinhauer, ext. 140, [rosies@samena.com](mailto:rosies@samena.com)



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

Children must be 3 years old by August 31, 2024 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 (but not exactly!) follows the Bellevue School District calendar.

### Enrollment Options & Fees for School Year 2024/2025:

	3 Hours (9am-12pm & 1-4pm)		4 Hours (9am-1pm & 12-4pm)	
	Member	Program Member	Member	Program Member
<b>5 Days</b>	\$795	\$1065	\$1065	\$1,400
<b>4 Days</b>	\$655	\$870	\$870	\$1,150
<b>3 Days</b>	\$515	\$685	\$685	\$910
<b>2 Days</b>	\$415	\$555	\$555	\$740

1. A non-refundable registration fee of \$150/student (\$200/family) and non-refundable \$200 deposit (applicable to first month’s tuition) must accompany the completed Preschool Registration Form, Preschool Program Contract, and Authorization Agreement for Credit or Debit Card Automatic Payments form. These 5 items will reserve your child’s spot.
2. The remainder of first and last month’s tuition is due by **August 1, 2024** and will be processed automatically using the primary card on file.
3. In the event of a waitlist, a \$150 waitlist fee is required. If we are unable to secure a place for your child in the Preschool by August 1, 2024, 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: Registration fee and deposit are non-refundable. **As of August 1, 2024, there are no refunds on the first or last month’s tuition.**
5. Additional school forms will need to be completed for all enrolled students and submitted to Procure Solutions by **August 31, 2024**. You will receive an invitation to create a Procure account via email.
6. Parents must complete the Authorization Agreement for Automatic Payment (page 5) 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 3 & 4).***



## 2024-2025 Preschool Program Contract

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

*\*Original signed on reverse of Registration Form, page 4\**

Thank you for choosing Samena Preschool. We look forward to having your child in our program this school year. Please read and sign the **\*\*Samena Copy\*\*** on page 4 and return with your Preschool Registration Form. **Additional school forms will be required and must be submitted by August 31, 2024 via Procure.** You will receive an invitation to Procure via email.

#### **Payment Policy:**

- **Registration Fee & Deposit:** A non-refundable registration fee of \$150/student (\$200/family) and non-refundable \$200 deposit (applicable to first month tuition) must accompany a Preschool Registration Form, Preschool Program Contract, and Authorization Agreement for Credit or Debit Card Automatic Payments form.
- **Remainder** of first and last month's tuition is due by **August 1, 2024** and will be automatically deducted each month using the primary card on file.
- **Tuition payments** are automatically deducted the first week of each month using the primary card on file.
- **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, illness, etc.*
- **Cancellation Policy:** As of **August 1, 2024, there are no refunds on the first or last month's tuition.**
- **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 \$150 waitlist fee is required. If we are unable to secure a spot for your child in the Preschool by August 1, 2024, 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 \$30/per each 10-minute increment you are late past your program end time. The late fee will be charged directly to your account using the primary card on file and will not be prorated. Please call if you will be late for any reason.

#### **Additional Information:**

- **Medication:** If your child requires medication, a medication information sheet 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. Please contact the Preschool Coordinator for this form.
- **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. These changes may also be updated in your child's Procure profile.
- **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 via Procure by August 31, 2024.

*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.*

<b>FOR OFFICE USE</b>
Account #: _____
In Preschool Database: _____

## 2024-2025 Preschool 3-5 Year Old Program

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

Phone: \_\_\_\_\_      Alternate 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

			3 Hour Class		4 Hour Class	
Class Selection			Member	Program Member	Member	Program Member
<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-1pm	M-F	\$795	\$1,065	\$1,065	\$1,400
<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-1pm	M/W/F	\$515	\$685	\$685	\$910
<input type="checkbox"/> 9am-12pm	<input type="checkbox"/> 9am-1pm	T/Th	\$415	\$555	\$555	\$740
Class Selection			Member	Program Member	Member	Program Member
<input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> 1-4pm	M-Th	\$655	\$870	\$870	\$1,150
<input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> 1-4pm	M/W	\$415	\$555	\$555	\$740
<input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> 1-4pm	T/Th	\$415	\$555	\$555	\$740
<input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> 1-4pm	M/T/W	\$515	\$685	\$685	\$910
<input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> 1-4pm	M/W/Th	\$515	\$685	\$685	\$910
<input type="checkbox"/> 12pm-4pm	<input type="checkbox"/> 1-4pm	T/W/Th	\$515	\$685	\$685	\$910

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

**Payment due at registration**

Registration Fee (\$150 1 kid, \$200 2 kids) + \$200 Deposit    Date: \_\_\_\_\_ Staff: \_\_\_\_\_

**Tuition owed if registering after August 1**

1<sup>st</sup> month: \$ \_\_\_\_\_    Last month: \$ \_\_\_\_\_      Date: \_\_\_\_\_ Staff: \_\_\_\_\_

**WAITLIST**

\$150 waitlist fee

Date: \_\_\_\_\_

Staff: \_\_\_\_\_

## 2024-2025 Preschool Program Contract

Thank you for choosing Samena Preschool! We look forward to having your child in our program this school year. **The remaining forms must be submitted by August 31, 2024 via Procure. Watch for your Procure invitation via email.**

**Payment Policy:** *(Please initial next to each)*

- \_\_\_\_\_ **Registration Fee & Deposit:** A non-refundable \$150/student (\$200/family) registration fee and \$200 deposit must accompany a Preschool Registration Form, Preschool Program Contract, and Authorization Agreement for Credit or Debit Card Automatic Payments form. The \$200 deposit will be applied to the first month's tuition.
- \_\_\_\_\_ **First and Last month tuition** is due by **August 1, 2024** and deducted automatically using the primary card on file.
- \_\_\_\_\_ **Tuition payments** are automatically deducted the first week of each month using the primary card on file.
- \_\_\_\_\_ **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, illness, etc.*
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- \_\_\_\_\_ **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 program is designed to operate on the school year calendar with a commitment for September through June.

**Additional Fees:** *(Please initial next to each)*

- \_\_\_\_\_ **Waitlist Fee:** In the event of a waitlist, a \$150 waitlist fee is required. If we are unable to secure a place for your child in the Preschool by August 1, 2024, this fee is refundable. *If we have a space for your child and you choose not to enroll, the waitlist fee is non-refundable.*
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- \_\_\_\_\_ **Late Pick Ups:** A fee is charged at a rate of \$30/per each 10-minute increment you are late past your program end time. The late fee will be charged directly to your account using the primary card on file 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 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. Please contact the Preschool Coordinator for this form.
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- **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 via Procure by August 31, 2024.

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: \_\_\_\_\_

**AUTHORIZATION AGREEMENT FOR  
CREDIT or DEBIT CARD 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 tuition payments in the 2024-2025 school year. I understand that the primary card on file will be used for payment, and it is my responsibility to contact the billing department (billing@samena.com) if I need an alternate card to be used.

Use my primary credit card on file.

This authority is to remain in full force and effect until the completion of the 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 need to change the payment method, I will provide written authorization for the change to billing@samena.com .

Membership Number: \_\_\_\_\_

Primary Member Name: (Please Print) \_\_\_\_\_

Primary Member Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

15231 Lake Hills Blvd. Bellevue WA 98007  
Attn: Billing (425) 746-1160 ext. 124, billing@samena.com