

**JUNIOR EXPLORERS REGISTRATION
2019-2020 school year**

____/____/____
Today's date

Junior Explorers M-Th 9:00 – 1:00 (Age 4 by Aug 31)

Little Explorers Tues and Thurs 1:30 – 4:00 (Age 3 by Aug 31)

NOTE: All children need to be able to use the bathroom without assistance

Student's First and Last Name ____/____/____ _____
Birthdate Age

Parent or Guardian #1, First and Last name _____
Relationship to student

Home Phone Work Phone Cell Phone E-Mail

Parent or Guardian #2, First and Last name _____
Relationship to student

Home Phone Work Phone Cell Phone E-Mail

Student Address

Emergency contact _____
Relationship to student

Home Phone Work Phone Cell Phone

Name(s) of people authorized to pick up student (ID will be required)

1. _____ 3. _____

2. _____ 4. _____

Does your child have any allergies? (food/drug/bee sting, other) No Yes If yes, please explain:

Does your child's allergy require the use of an EpiPen? No Yes

NOTE: If yes, an EpiPen must be provided

All information below will remain CONFIDENTIAL.

If you prefer not to place this information in writing, you are welcome to speak with the program coordinator.

Favorite activities: _____

Fears, dislikes or pet peeves: _____

What method of Discipline do you find works best with your child?

What is the student's first language? _____

What languages are spoken at home? _____

Student lives with Both parents Mother Father Mother/Stepfather
Father/Stepmother Grandparents Guardian

Sibling(s) names and ages _____

Other important information, including medical/behavioral/family considerations:

Is there any other information you would like to provide us with that could help us to better understand and support your child?

We look forward to getting to know your child!

TOWN OF STEILACOOM
PARENT/LEGAL GUARDIAN ASSUMPTION OF RISK, WAIVER, RELEASE
Issued: 05/2018

I (we) am/are the parent(s) or legal guardian(s) of _____,
(Child's Name)

who desires to be a participant in the Town of Steilacoom sponsored recreational activity of TOS Youth Programs which may include vehicular transportation provided by the Town of Steilacoom.

It is important to me (us) that this child is allowed to participate in this activity. I (we) understand there are special dangers and risks inherent not only in this activity but in being transported by vehicle, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity or being transported by vehicle to and/or from the activity. Furthermore, I have been advised via this document that the Town of Steilacoom does not provide Uninsured, Underinsured, Med Pay or Personal Injury Protection Insurance Coverage. Being fully informed as to these risks and in consideration of the Town of Steilacoom allowing my (our) child to participate in this sponsored activity and/or use of the Town of Steilacoom facilities and/or being transported, I (we), on behalf of myself (ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities, use of (Member) facilities and/or transportation to and from the activity. I (we) further agree, individually and on behalf of the above-named child, to release and hold harmless the Town of Steilacoom, its officials, employees, volunteers and agents and agree to waive any right of recovery that I (we) may have to bring a claim or lawsuit for damages against the Town of Steilacoom for any personal injury, death or other harmful consequences occurring to the above-named child or me (us) arising out of the child's voluntary participation in this activity and/or being transported to and from the activity. I (we) grant my (our) full and voluntary consent for the above-named child to participate in the activity described above and to be transported to and/or from the activity.

I (we) authorize any necessary emergency medical treatment that might be required for this child in the event of physical injury and/or accident to the child while participating in this activity or while being transported.

parent/legal guardian initial(s)) _____

I (we) hereby consent to allow this child's picture or likeness to appear in any official document, Member website, sponsor advertisement and/or Member produced television coverage of _____TOS_____ sponsored recreational activity without compensation to me.

YES [] NO [] (parent/guardian initial(s)) _____

Parent(s) /Legal Guardian Printed Name(s)

Date

Parent(s) /Legal Guardian Signature(s)

Phone number

BILLING

Your billing will reflect your contracted hours. If your child is absent, you will still be required to pay for the contracted time. Any requested reduction in tuition, due to extended absence, will require notice two weeks prior to the change and will be considered on a case by case basis.

Payments are due on the 1st of each month. A 10% late fee charge will be assessed after the 10th of each month.

Junior Explorers	(9:00 – 1:00, M-Th)	\$280.00 per month
Little Explorers	(1:30 – 4:00 Tues/Thurs)	\$120 per month
Drop-in, if space is available		\$25.00 per day

SICK POLICY

Please keep your sick child at home in order to protect your child and prevent others from becoming ill. Keep your child home from school when he/she has a temperature above 100 degrees F, is vomiting, has diarrhea, has an excessive runny nose and/or cough, or has had these symptoms or other illness within the past 24 hours.

Please notify us when your child has a communicable disease, which may include the following: Rubella, Head Lice, Impetigo, Measles, Mumps, Ringworm, Scabies, Strep infections, Chicken Pox, Conjunctivitis, Pinkeye, Flu or Hand, Foot, Mouth.

TEACHER ABSENCE

In the event of a teacher absence, every effort will be made to find a substitute. In the event that this is not possible, the teacher is permitted 6 uncovered absences per school year.

PICK-UP POLICY

1. Parent/guardian must come inside the classroom when picking up their child. We do not allow children to meet parents/guardians in the parking lot or outside for pick-up.
2. Any time you send another adult (from your child's pick-up list) to pick up, that person must provide a picture ID before we can release your child to them. Their name must match the name you have provided on your pick-up list.
3. We must have prior knowledge in the form of a note, a face to face conversation, or a phone call from the parent in order to release a child to someone who is not on the pick-up list. A photo ID will still be required.

LATE POLICY

1. Each child is expected to be picked up promptly at the end of class.
2. If a child is repeatedly picked-up late, a notice will be issued and a late fee of \$15 after each additional late pick-up may be charged.

Important: Please thoroughly read the above upon signing.

I _____ agree to the contract stated above and until further notice, I agree to state, in writing, any permanent change of the contract two weeks prior to change.

Parent/Guardian Signature

Date

THIS PAGE IS FOR PARENTS/GARDIANS TO KEEP
Please keep this page for future reference

PLEASE REMOVE

JUNIOR and LITTLE EXPLORERS
PARENT/GARDIAN INFORMATION
2019-2020 SCHOOL YEAR

First day of class for **Junior** Explorers is Wednesday, **September 4th**
First day of class for **Little** Explorers is Thursday, **September 5th**

BILLING/PAYMENTS

Your billing will reflect your contracted hours. If your child is absent, you will still be required to pay for the contracted time. Any requested reduction in tuition, due to extended absence, will require notice two weeks prior to the change and will be considered on a case by case basis.

Junior Explorers	(9:00 – 1:00, M-Th)	\$280.00 per month
Little Explorers	(1:30 – 4:00 Tues/Thurs)	\$120 per month

September tuition should be paid in full by Monday, August 26th. Non-payment may result in your child's spot being filled by another child. To avoid your child being dropped, please pay on time.

Payments thereafter are due on the 1st of each month. A 10% late fee charge will be assessed after the 10th of each month.

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Please keep your sick child at home in order to protect your child and prevent others from becoming ill. Keep your child home from school when he/she has a temperature above 100 degrees F, is vomiting, has diarrhea, has an excessive runny nose and/or cough, or has had these symptoms or other illness within the past 24 hours.

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(OVER)

NECESSITIES

Each child will need, non-slip slippers or indoor shoes, backpack, leak proof water bottle, appropriate shoes and weather appropriate outerwear daily. No umbrellas please. Junior Explorers will bring their own lunch.

We do not require a registration, supplies or transportation fee, nor do we require school supplies. Each family will bring either Clorox wipes, Kleenex or a sponge with a non-scratch scouring pad side.

Junior Explorers will pay for a Scholastic subscription at the beginning of the year (less than \$10).

On occasion you may be asked to pay a fee or donate things for special projects, or when supplies run low.

COMMUNICATION

If you have any questions, you can reach Melody Davis at melody.davis@ci.steilacoom.wa.us or 253-983-2056. This is for my office, which I am not in during teaching hours. In the event of an emergency or urgent message, you can call the Community Center's main number at 253-581-1076.

INCLEMENT WEATHER

If Steilacoom School district is canceled due to weather, our programs will also be canceled. District late starts due to weather conditions may or may not affect our start time, watch for a text message. If you haven't heard anything from the instructor, school is starting at the usual time. Due to inclement weather, you may be notified to pick up your child from our programs. Steilacoom School District's Emergency Information Line is: (253) 896-2897.