

KINGERGARTEN READY REGISTRATION 2019

- Session 1: August 12 - 16
- Session 2: August 19 - 23

FAMILY EMERGENCY INFORMATION Release and Statement of Responsibility

_____ Male Female _____ / _____ / _____
Student's First and Last Name Date of Birth 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

Mailing 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 is OPTIONAL and 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?

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

We look forward to getting to know your child!

Important: Please read thoroughly before signing.

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.

- Session 1: August 12- 16 Monday - Friday, 9am – 3pm \$180
- Session 2: August 19 - 23 Monday - Friday, 9am – 3pm \$180

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 (who must be on your child’s pick-up list) to pick up, that person must provide a picture ID before we can release your child to them.

LATE POLICY

1. Each child is expected to be picked up **promptly at 3:00.**
2. The second time that a child is picked-up late, a notice will be issued and a late fee of \$15 will be charged.

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

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

KINDERGARTEN READY 2019

THIS PAGE IS FOR PARENTS/GARDIANS TO KEEP

Please keep this page for future reference

MY CHILD IS REGISTERED FOR:

- Session 1: August 13 - 17 Monday - Friday, 9am – 3pm
- Session 2: August 20 – 24 Monday - Friday, 9am – 3pm

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.

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 is unable to care for it by themselves, 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, Acute Pinkeye, Flu.

If your child becomes ill during the school day and it is serious enough that he/she needs to go home, you will be contacted and asked to pick up your child.

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NECESSITIES

Each child will need their own lunch, water bottle, non-slip slippers or shoes (that are kept at school), and a backpack. Please be sure the slippers or classroom shoes are easy to put on and take off, and that your child can do so on their own. Provide a jacket, sunhat and apply sunblock before arriving, as necessary.

COMMUNICATION

If you have any questions, you can reach Melody Davis at melody.davis@ci.steilacoom.wa.us or 253-983-2056. This phone is in 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.