



**Enrollment Application for Sammamish Learning Center Preschool**

**2327 248<sup>th</sup> Ave SE, Sammamish, WA 98075**

**Child's Name:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_ **M** \_\_\_ **F** \_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone #:** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address where you are while child is in care:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Home Phone #:** \_\_\_\_\_ **Cell Phone#:** \_\_\_\_\_

**Work Phone #** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Address where you are while child is in care:** \_\_\_\_\_

**Who else has permission to pick up your child:**

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

**Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**In case of emergency, I give permission for any of the following to be contacted and my child may be released to any of them.**

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

**Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

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

**Phone #** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Health Information:**

Child's health care provider \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

Date of child's last physical exam: \_\_\_\_\_

Special Health problems – Yes / No \_\_\_\_\_

Allergies – Yes / No If yes specify \_\_\_\_\_

Any regular medications – Yes / No If yes specify \_\_\_\_\_

Do you have any concerns? \_\_\_\_\_

Is your child receiving any services or has your child received any services in the past? (i.e. speech, occupational, etc.) \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_  
Address \_\_\_\_\_

**Insurance Coverage**

Insurance company name \_\_\_\_\_ Policy number \_\_\_\_\_  
Policy holder name \_\_\_\_\_ Employer \_\_\_\_\_

**Consent to Medical care and treatment of minor child**

I give permission that my child, \_\_\_\_\_, may be given first aid/emergency treatment by the staff at Sammamish Learning Center Preschool.

I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child when necessary to safeguard my child's health. I waive my right of informed consent to such treatment when I cannot be contacted. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**Desired Schedule:**

8:50 – 11:50 40.00 per day add on lunch for 10.00  
Mon/ Wed/Fri a.m. \_\_\_\_\_  
Tue/Thur a.m. \_\_\_\_\_  
Mon/Tue/Wed/Thur/Fri \_\_\_\_\_

8:50 – 2:50 68.00 per day (including lunch)  
Mon/Wed/Fri \_\_\_\_\_  
Tue/Thur \_\_\_\_\_  
Mon/Tue/Wed/Thur/Fri \_\_\_\_\_

There is a one-time registration fee of 100.00 which covers the cost of the book bag, memory book, etc.