



Enrollment Application for Sammamish Learning Center Preschool

2327 248th 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 # _____
Last Visit to Dentist _____

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 52.00 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 78.00 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. (first year students)