

# 2009 - 2010 Extended Enrichment Program Registration Form

25720 Maple Valley-Black Diamond Road SE  
Maple Valley, WA 98038  
Office: 425-413-3407  
Fax: 425-413-3455

Rec'd date: _____
Reg. Fee pd.: _____
Start Date: _____

## Child Information:

Child's Name \_\_\_\_\_ Gender \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ (09-10 yr.) School \_\_\_\_\_  
Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Any special concerns or health problems we should be aware of? \_\_\_\_\_  
Is your child on any medications? \_\_\_\_\_ If so, what medication? \_\_\_\_\_

## Enrollment Schedule:

\_\_\_\_\_ ADK or Grades 1-5  
\_\_\_\_\_ 1/2 Day Kindergarten (\_\_\_\_ a.m. \_\_\_\_ p.m.)  
\_\_\_\_\_ 5 days/week Before and After School  
\_\_\_\_\_ 5 days/week Before School only  
\_\_\_\_\_ 5 days/week After School only  
\_\_\_\_\_ Drop-in only

\*If 3 days/week please circle days attending

_____ 3 days/week Before and After School	_____ 3 days/week Before School only	_____ 3 days/week After School only	M T W TH F
			M T W TH F
			M T W TH F

## Family Information:

Parent Name: \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

Parent Name: \_\_\_\_\_  
Address (if different than above) \_\_\_\_\_  
Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
E-mail \_\_\_\_\_ Cell Phone \_\_\_\_\_

If not joint custody, is it o.k. to release to non-custodial parent? \_\_\_\_\_ Yes \_\_\_\_\_ No

## Authorization:

**Please fill out the following information for persons other than yourself for emergency contact and authorized pick up of your child from Extended Enrichment.**

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_
2. Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**For the safety of your child, we will not allow your child to leave Extended Enrichment with anyone not listed on this form unless we receive written notification from you.**

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

Date \_\_\_\_\_

This Registration Form will be valid from the date signed until the end of the 2009 - 2010 school year calendar.

# 2009 - 2010 Extended Enrichment Service Agreement

25720 Maple Valley-Black Diamond Road SE

Maple Valley, WA 98010

Office: 425-413-3407

Fax: 425-413-3455

Student Name \_\_\_\_\_ School \_\_\_\_\_

Parent Name \_\_\_\_\_

- I understand that statements will be distributed prior to the 1<sup>st</sup> of each month. Parents/guardians are required to contact the office if a statement is not received. Full payment is due to the Extended Enrichment office on or before the 5th of each month. A 10% finance charge will be added to the amount due if payment is not received on or before the 5th. If payment is not received by the 15<sup>th</sup> of the month, your child may be dismissed from the program.
- I understand that a **non-refundable** \$40 registration fee per child or \$60 registration fee per family is required to reserve a space in the program.
- I understand that to receive credit for vacation, a vacation form must be completed and submitted at least 7 days prior to the date of vacation. To receive credit due to extended illness the form must be received no later than 7 days after the time missed. **A minimum of one scheduled operating week must be missed** in either case. Credits given are at the rate of half the charge of the operating week.
- I understand that no credits will be given for absences during break periods and that tuition remains the same each month, regardless of half days, full days or school closures.
- I UNDERSTAND THAT WINTER BREAK, PRESIDENT'S WEEK BREAK AND SPRING BREAK care for enrolled families is **NOT** included in fees, but is available at an additional charge and with advance reservation.
- I understand that the Extended Enrichment Program is operated throughout the calendar year - including early release days and district in-service days with the exception of the following holidays:

<i>Labor Day</i>	<i>New Year's Eve Day</i>	<i>New Year's Day</i>	<i>Christmas Eve Day</i>
<i>President's Day</i>	<i>Memorial Day</i>	<i>Independence Day</i>	<i>Christmas Day</i>
<i>Thanksgiving Day &amp; day after</i>	<i>Martin Luther King Jr. Day</i>	<i>Veteran's Day</i>	<i>Friday of Spring Break</i>
- I understand that to change the level of service, a change of schedule form must be received **two weeks** prior to the effective schedule change date.
- I understand that the program opens at 6:00am and closes at 6:30pm and that parents/guardians picking up students after 6:30 PM will be assessed a late fee at the rate of \$5.00/minute.
- I understand that Drop-in care is provided on a space available basis. A fee of \$9.50 an hour, two-hour minimum per child, will be assessed for this service.
- I understand that checks and/or automatic payments received with non-sufficient funds will be assessed a \$35.00 fee. All future payments for the remaining year must then be made in the form of cash, certified check or money order.
- I understand that parents/guardians are required to notify the office with a **2 week written notice if they wish to withdraw** from the program. Those who fail to provide a 2 week notice will still be responsible for that amount of tuition.
- I have read, understand, and agree to abide by the Tahoma Extended Enrichment policies as stated in the Parent Handbook. I understand that failure to abide by the policies and procedures outlined in these documents and the Parent Handbook could lead to removal from the program.
- I understand that if the parent/guardian or authorized emergency contact can not be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of school authorities, I authorize and direct the school authorities to send the student (properly accompanied) to the nearest hospital or doctor. It is understood that I will assume full responsibility for the payment of services rendered.

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