



OFFICE USE ONLY	
Enroll Date:	_____
Ck #:	_____
<input type="checkbox"/> Cash	
Amount:	_____

Revision 03/2010

Child's Name _____
Last
First
MI
Nickname

Male Female Date of Birth: ____/____/____

Home Address _____

City _____ Zip _____ Family Home #: _____

Family Email Address: _____

School Attending in Fall:

School Name	Grade Entering

PHOTOGRAPHING AGREEMENT

I DO AGREE _____ DO NOT AGREE _____ to give my permission to Sylvan Way Christian Schools for my child to be photographed in any program. Some photos may be saved for electronic media. I understand photos may be taken by: children, staff, professional photographers, news media or other parent. Pictures may appear on bulletin boards, newsletters, yearbook or children's files for legal documentation. I understand I will be notified if photos are to be used for publicity purposes and I have the right to refuse publication.

Parent Signature _____ Date _____

PRIMARY PARENT/GUARDIAN INFORMATION:

(1) Parent Name: _____ Father Mother Other _____

Cell #: _____

Work #: _____

(2) Parent Name _____ Father Mother Other _____

Cell #: _____

Work #: _____

MEDICAL INFORMATION: *(Washington State Requirement)*

Child's Primary Care Physician: _____
(Must be the doctor's name, not the clinic / facility)

Physician's Office Address: _____

Physician's Office Number: _____

Child's Primary Dentist: _____
(Must be the dentist's name, not the clinic / facility)

Dentist's Office Address: _____

Dentist's Office Number: _____

PERMISSION FOR EMERGENCY CARE

I hereby give my permission for my child to be given emergency medical treatment by a qualified staff member at Sylvan Way Christian Schools. I further give permission for my child to be transported by ambulance or car to an emergency center for treatment. In the event that I cannot be contacted, I further consent to medical treatment and procedures, and surgical and hospital care to be performed for my child by a licensed physician when deemed necessary or advisable by that physician for the safeguard of my child's health.

Parent Signature: _____ Date: _____

EMERGENCY CONTACT INFORMATION Please list the names of up to four individuals whom have the authorization to be contacted if you cannot be reached and / or have authorization to pick up your child in the event that you cannot.

Name	Relationship to Child	Daytime Phone #	Cellular Phone #	Please check applicable boxes.
				<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-Up
				<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-Up
				<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-Up
				<input type="checkbox"/> Emergency Contact <input type="checkbox"/> Authorized Pick-Up

CHILD'S MEDICAL INFORMATION

Does your child know how to swim in water over their head? _____ Yes _____ No

(Please note that all children are under adequate supervision by an adult at all times.)

List any life threatening conditions:

Condition	Plan of Care

List any chronic health conditions that would restrict activities:

Condition	Plan of Care

List all allergies:

Allergies	Expected Symptoms	Method of Treatment

List all current medications: _____



Sylvan Way Christian Schools

Summer Safari Registration & Financial Agreement

Registration Fee (Non-Refundable): \$35.00 per child

Rates:

- \$145.00 per week (week of July 5th \$116.00)
- \$1,421.00 for all 10 weeks (A 2% discount may be applied, if 10 weeks are paid in full by 06/17/11)

Eagles Nest: (Optional before & after Summer Safari care): \$4.50 per hour

- Applies only if your child will be here before 8:30am and/or after 3:30pm.
- Must be paid in advance if used on a regular basis.
- If Eagles Nest hours are invoiced, payment must be made upon receipt.

Registration: (Complete this section and return with application and payment of registration fee(s).)

<u>Child's Name</u>	<u>Grade (2011-12)</u>	<u>Registration Fee</u>
1.		
2.		
Total Registration Due:		\$

FINANCIAL AGREEMENT

I understand and agree to the following:

1. The registration fee is **non-refundable**.
2. To secure a week for your child, payment must be received by the Friday the week before you wish to reserve.
3. If you have paid in full for all ten weeks and decide to not attend a full week (5 consecutive days), you must give the administrative offices at least one week notice to receive a refund of the week not attended.
4. **Your child may not attend the program if payment has not been made.**
5. Registration **does not** reserve a week in the program.
6. Registration fees cover administrative costs, t-shirt for your child and craft supplies **ONLY**.
7. A \$20.00 bookkeeping fee will be charged for returned checks.
8. I understand that my account can be sent to a collection agency if I fail to pay all fees due to the school, including any Eagles Nest charges.
9. I have read and understand the financial agreement as outlined above.

Parent/Guardian Signature

Parent/Guardian Signature

Date