



City of Puyallup Parks and Recreation
Toddler Campus Preschool
Registration Information

2020-2021 School Year

Child's Name

To Enroll

To enroll in 3-4 Preschool Class, your child must be 3 years old by **September 1st** and potty trained. To enroll in the Pre-K Class, your child must be 4 years old by **September 1st** and entering Kindergarten the following school year.

Program Information

Toddler Campus Preschool runs from September through the end of May and includes a formal graduation ceremony for Pre-K students. Preschool follows the Puyallup School District Calendar including school closures due to inclement weather. In cases of school delays due to inclement weather preschool will continue with the usual start time.

Fees

Preschool (3-4 year old class)

Tuesday/Thursday 9:00 - 11:30AM

Resident - \$92.00/month

Non-Resident - \$110.00/month

Pre-Kindergarten (4-5 year old class)

Monday/Wednesday/Friday 9:00 - 12:00PM

Resident - \$120.00/month

Non-Resident \$145.00/month

An additional one time \$10.00 supply fee is required at the time of registration for all classes.

Deposits

If you would like to guarantee your child's spot a \$10.00 deposit is required to hold your child's spot for each month. Deposits are non-refundable and non-transferable. If the child starts in September, \$90 in deposits is due at time of registration.

Payments

Payments are due no later than the 25th of each month prior to the start of each monthly session. Tuition must be made in full at that time. Monthly tuition is an average of all the school days for the entire nine months, September through May. It takes into consideration school holidays, in-service days, and 5-week months.

Late Payment

A \$25.00 late fee will be assessed if your monthly payment is paid after the 25th of the month prior to the start of the next monthly session. Your child's spot may also be passed on to a child on the waiting list if your payment is not made before the 28th.

Late Pick-Up Fee

A \$20.00 late fee will be assessed if you child is not be picked up by the end of class.

Refunds

No refunds will be issued on deposits Refunds will also not be issued on monthly fees. The only exception will be for verified medical reasons.

I have read this information carefully and hereby agree to its terms.

Parent/Guardian Signature

Date



City of Puyallup Parks and Recreation
**Toddler Campus Preschool
 Enrollment Form**

Please print in blue or black ink

Student's Last Name		First Name	Middle Initial	Sex (M/F)	Today's Date
Street Address (include apartment #, etc.)			City	Zip Code	Phone
Child's Birthdate:	Age	Nickname		Child's Class (please check one) <input type="checkbox"/> Preschool (Must be 3 yrs old by Sept 1 st) <input type="checkbox"/> Pre-Kindergarten (Must be 4 yrs old by Sept 1 st & entering Kindergarten the following year)	
Father/Stepfather/Guardian Last Name		First Name			
Address (if different from child's)		City	Zip Code		
Home Phone	Cell Phone	Work Phone		Who does child reside with? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Mother/Stepfather <input type="checkbox"/> Father/Stepmother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Other _____	
Employer	Email				
Mother/Stepmother/Guardian Last Name		First Name			
Address (if different from child's)		City	Zip Code		
Home Phone	Cell Phone	Work Phone			
Employer	Email				
Person responsible for payment			Incase of divorce or separation, who has legal custody of the child		

Emergency Contacts

1. Last Name	First Name	Relationship to Child	Home Phone	Work/Cell Phone
2. Last Name	First Name	Relationship to Child	Home Phone	Work/Cell Phone
3. Last Name	First Name	Relationship to Child	Home Phone	Work/Cell Phone

Authorized Alternate Pick-Up People

I, the parent/guardian of the above mentioned child, give the following individuals permission to pick up my child in the event that I am unable to do so. (Photo identification will be checked at the time of pick up by a staff member.)

1. Last Name	First Name	Relationship to Child	Home Phone	Work/Cell Phone
2. Last Name	First Name	Relationship to Child	Home Phone	Work/Cell Phone
3. Last Name	First Name	Relationship to Child	Home Phone	Work/Cell Phone

The information stated above is current and accurate. I understand that it is my responsibility to notify Toddler Campus Preschool of any changes.

 Parent/Guardian Signature Date

2020-21 School Year

 Parent/Guardian Signature Date



City of Puyallup Parks and Recreation
Toddler Campus Preschool
Health and Medical Information Form

Please print in blue or black ink

Student's Last Name First Name Middle Initial Today's Date

Has your child had a Tetanus Shot within the last 5 years?
Has your child been exposed to the chicken pox virus?
Will your child be taking any medication(s) while enrolled?
Is your child allergic to any medication?
Does your child have any food allergies?
Has your child had a history of emotional problems?

Please note any special instruction staff should be aware of (i.e. behavioral issues, other health conditions etc.)

Authorization to provide emergency treatment to a minor

We/I the undersigned, parents of Child's Name Birth date: / /

I hereby consent to any x-ray examinations, medical or surgical diagnosis or treatment and hospital service that may be rendered and said under the general or special instructions or the emergency physicians in charge at the health facility selected.

It is understood that this consent is given in advance of any specific diagnosis of treatment being required but, is given to encourage City of Puyallup Manager, authorized designee, and said physician to exercise their best judgment as to the requirements of such diagnosis or treatment.

It is also understood that this authorization extends to the performance of major surgery and to the administration of blood and any extensive resuscitative measures as may be needed in the case of drowning or other serious accident.

I hereby designate M.D. () as my primary physician and request the Emergency Physician to call him/her for primary care of the above mentioned minor if

I likewise designate the following physician as consultants in case medical care is needed in their practical fields.

M.D. ()
M.D. ()

The above designations are not to limit the Emergency Physician and, in case the above designated people are not available, the emergency physician is authorized to treat and/or secure consultation as he/she sees fit.

Parent/Guardian Signature Date

Supplemental Child Information Form

_____ Child's Name

_____ Date Completed

ADDITIONAL FAMILY INFORMATION

Are there other children in the family?

_____	age _____	relationship _____
_____	age _____	relationship _____
_____	age _____	relationship _____
_____	age _____	relationship _____

Any other adults in the home?

_____	relationship _____
_____	relationship _____

Are there any holidays or celebrations your family does not partake in? _____

PLAY INTERESTS & EXPERIENCES

Has your child had previous group experience? _____

How often is the child cared for by someone other than parents? _____

Does your child play with other children often? _____

If so, are they older? _____ younger? _____ or the same age? _____

Does your child often play quietly by themselves? _____

What is your child's favorite toy or activity? _____

Has your child ever had an injury that could prevent some activities? YES ___ NO ___

If yes, please give more information _____

CHARACTERISTIC BEHAVIOR

Please circle those characteristics that are dominate in your child:

<i>excitable</i>	<i>affectionate</i>	<i>cooperative</i>	<i>aggressive</i>	<i>destructive</i>
<i>cries easily</i>	<i>shy</i>	<i>unhappy</i>	<i>fearful</i>	
<i>afraid of new things</i>		<i>hits</i>	<i>talkative</i>	<i>happy</i>

How does your child show tension? _____

How does your child show anger? _____

Does your child tire easily? _____

Fears (History) _____

Photo Release Waiver

I _____ the parent/guardian of _____ give my permission for pictures that maybe taken of my child while enrolled in Toddler Campus Preschool to be used in promotional materials or for displays in the classroom.

Parent/Guardian Signature

Date

Release from Liability

I, the undersigned participant, parent, or guardian, do hereby agree to allow the individual named herein to participate in Toddler Campus Preschool and I further agree to indemnify and hold the City of Puyallup, its officials, employees, its hired or contracted instructors and any other persons or organizations harmless from and against any and all liability for any injury or damages which may be suffered by the aforementioned individual arising out of or in any way connected with participating in this activity. I realize that recreation activities have an inherent risk of physical injury. And furthermore, if there are any physical ailments or conditions that might affect the health of the participant by participating in the activity, I have consulted my personal physician or other medical authority and received their permission to participate. I have read and understand the previous policies listed in this registration packet. I grant my full and voluntary consent for the above named child to participate in the activity described.

Parent/Guardian Signature

Date