



SUMMER CAMP 2010 – ENROLLMENT APPLICATION

Child's Name _____, _____ last first

Birth Date ____/____/____ month day year

Nickname _____ Language(s) spoken at home _____
Allergies _____

CAMP JULIO \ CAMP AGOSTO
Week One: July 19th thru July 23rd
Week Two: July 26th thru July 30th
Monday thru Friday, 10am-1pm
Monday thru Friday, 10am-1pm
\$125 / week

Parent(s) or Guardian(s) information
1 name home phone cell phone
street address city / state / zip code email
2 name home phone cell phone
street address city / state / zip code email

PAYMENT POLICY: PAYMENT IN FULL IS REQUIRED AT TIME OF ENROLLMENT TO SECURE YOUR SPACE. PLEASE FILL OUT THIS FORM AND MAIL IT ALONG WITH YOUR CHECK PAYABLE TO: COMETA PLAYSCHOOL, LLC , 4402 SW WALKER STREET, SEATTLE, WA 98116
CANCELLATION POLICY: Tuition fees are non-refundable after JULY 1st, 2009 for Camp Julio and AUGUST 1st, 2009 for Camp Agosto. Cancellations prior to such dates will incur a \$50 cancellation fee. No tuition refunds after a session begins.

MEDICAL CONSENT
I, _____parent/guardian of _____, hereby give my consent to any emergency, medical, surgical, or dental treatment for my child deemed necessary by a doctor. It is understood that the school will make a conscientious effort to locate parents prior to such treatment when possible. I further agree to bear any and all expenses incurred as a result of such treatment.
WALKING TRIP CONSENT
I, _____parent/guardian of _____, grant permission for my child to participate in field trips including but not limited to visits to the local library or parks, neighborhood walks, or other field trips as scheduled, by means of walking, bus, or van.
GENERAL LIABILITY RELEASE
I hereby release, indemnify and hold harmless Cometa Playschool, LLC its owners, advisors and all employees and agents of these parties from all liabilities, suits, claims, and/or demands of any kind or nature, legal or financial, whether caused in anyway by the negligence or not, arising from the participation in or observation of any Cometa Playschool, LLC activity for injuries to any person or property, whether on or off the premises. The student/participant named above does voluntary participate in any and all Cometa Playschool LLC activities, and I parent/guardian understand that certain risks are inherent to and from participation and involvement with Cometa Playschool LLC and in its various formal and informal activities.
_____ please print parent / guardian's name _____ parent / guardian signature _____ date