



PRESCHOOL 2011 – ENROLLMENT APPLICATION

Child's Name _____, _____
last first
Birth Date ____/____/____
month day year

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

PRESCHOOL \ Program runs from September through June

Morning Program (ages 2.5 to 4.5)
Mon. though Fri. - 9am to 12:30pm

1 day/week: \$150/month
 2 day/week: \$300/month
 3 day/week: \$450/month
 4 day/week: \$600/month
 5 day/week: \$750/month

Preferred days of the 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: Please fill out this form and mail it back with \$150 registration fee. A parent agreement will be mailed to you. Please review it, sign it and send it back. September tuition payment is due by September 1st, 2011. Subsequent payments are due in full by the first of each month. All payments must be made by check payable to:
Cometa Playschool, LLC, 4402 SW Walker Street, Seattle, WA 98116.

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