



**ISSAQUAH PARKS PRESCHOOL
PARTICIPANT INFORMATION
2023-2024**

Class: 3-years 4-years Pre-K

Location: Issaquah Community Center Memorial Park Center

Last Name:	First Name: <input type="checkbox"/> Boy <input type="checkbox"/> Girl
Birth Date:	Age:
With Whom Does Child Live? <input type="checkbox"/> Both Parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other Arrangements	
Language spoken at home? <input type="checkbox"/> English <input type="checkbox"/> _____	

PARENT/GUARDIAN INFORMATION

#1 Last Name:	#1 First Name:	
Address:	City:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email:	Authorized for Pick-Up? (check) YES / NO	
#2 Last Name	#2 First Name:	
Address:	City:	Zip:
Home Phone:	Work Phone:	Cell Phone:
Email:	Authorized for Pick-Up? (check) YES / NO	

ADDITIONAL EMERGENCY CONTACTS

Name:	Relationship:	Phone:
Address/City:	Authorized for Pick-Up? (check) YES / NO	
Name:	Relationship:	Phone:
Address/City:	Authorized for Pick-Up? (check) YES / NO	
Name:	Relationship:	Phone:
Address/City:	Authorized for Pick-Up? (check) YES / NO	
Name:	Relationship:	Phone:
Address/City:	Authorized for Pick-Up? (check) YES / NO	



**ISSAQUAH PARKS PRESCHOOL
AUTHORIZATION TO PROVIDE EMERGENCY TREATMENT TO A MINOR**

I, the UNDERSIGNED, PARENT/GUARDIAN of _____,
(BIRTH DATE: _____), understand that in the event of an accident or illness, every reasonable effort will be made to contact me/us immediately. However, if I am not available, I authorize the City of Issaquah to secure emergency medical care as needed.

I hereby consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital service that may be rendered to said minor(s) under the general or special instructions of the Emergency Physician in charge at the health facility selected.

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 certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release; and that I join in the release without reservation, granting full consent and authorization for the above person to participate in the activity.

Does your child have any... (Check all that apply.)

_____ food _____ medication _____ dietary restrictions, or _____ environmental allergies?

_____ None

_____ Yes – Please explain.

Does your child possess immunization records for the following vaccines?

- | | | |
|-------------------------------------|------------------------------|-----------------------------|
| HepB | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| DTaP | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Polio | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Measles, Mumps & Rubella | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Chickenpox | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Covid 19 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Does your child have any special needs, of which we should be aware?

Does your child have any health concerns, of which we should be aware?

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____ **Date:** _____

Medication: City staff is not permitted to hold or administer prescription or non-prescription medication or sunscreen.



**ISSAQUAH PARKS PRESCHOOL
IMPORTANT INFORMATION ABOUT YOUR CHILD**

PLEASE ANSWER THE FOLLOWING THOROUGHLY:

1. Describe your child's skills and abilities.
2. Concerns or behavioral control issues that we should be aware of while your child is in our care:
3. How does your child express anger or frustration?
4. When your child is upset, what works to comfort him/her?
5. Children need to have the skills to cooperate and participate in group situations. Please mention any behavior or accommodation concerns you may have and how you will address them for your child to be able to participate in this program. The City may only provide reasonable accommodation for specific activities. The parent may need to provide accommodations that go beyond the city's scope.
6. Has your child had prior classroom experience? In what capacity?

Signature of Parent or Guardian

Date

Many families appreciate class rosters be distributed in September for possible play dates and birthday parties. What contact information do you permit to be publicized within your child's class?

- Mom's Name** **Dad's Name** **Email Address** **Cell Phone** **Home Phone**



**ISSAQUAH PARKS PRESCHOOL
PAYMENT/REFUND POLICY**

- _____ **Initial** Monthly payments are due on the first of each month. A late fee of \$25 will be charged if payment is not received by the 5th of the month.
- _____ **Initial** A **non-refundable** deposit of \$50 and the last month's tuition (May) is required at the time of original registration.
- _____ **Initial** Written withdrawals requested more than 30 days prior to your child's last day of attendance will receive a full refund minus the \$50 non-refundable deposit. Written withdrawals requested 15-30 days prior to your child's last day of attendance will receive 50% of May's tuition. The \$50 non-refundable deposit will also be withheld. No refunds will be processed if withdrawal is requested within 15 days of last day of attendance. Parents will be responsible for payment for those days your child has attended preschool and for any accrued late fees.

If you wish to withdraw prior to the first day of school in August, the following applies: Written withdrawals requested more than 30 days prior to your child's first day of attendance will receive a full refund for May's tuition. The \$50 deposit will be withheld. Written withdrawals requested within 30 days prior to your child's first day of attendance will receive a 50% of May's tuition. The \$50 deposit will also be withheld.
- _____ **Initial** Your child must be escorted and signed in and out daily by the parent or authorized person. Children may be dropped off 5 minutes before the scheduled class start time. Pick-up will be within 5 minutes of the class ending time. For each five-minute increment beyond the class end time, the parent will be charged \$5. Payment can be paid in cash or check payable to "City of Issaquah" upon pick up.

AUTOMATIC CREDIT CARD PAYMENTS

I, the undersigned, give my permission to charge my VS/MC automatically for Issaquah Parks Preschool payments. Credit cards will be charged between the 1st and 5th of each month. Any automatic payments that have been declined on the 5th of the month will have a 2-day grace period. Any payments that have not been received after this grace period are subject to a \$25.00 late fee.

YES **NO**

Child Name _____ Phone # (on acct) _____

Parent Name _____ Date _____

Please ensure your credit card information is current within our computer system by logging into issaquahwa.gov/register or by calling our office at 425-837-3300.

PARTICIPANT RELEASE OF LIABILITY- I am fully aware of the special dangers and risks inherent in the activities and classes that I have signed up for through the City of Issaquah's Parks & Community Services programs for myself and/or my child(ren), including physical injury, loss, death, damage, or other consequences that may arise or result directly from the activity or class in which I and/or my child(ren) may participate. Being fully aware as to these inherent risks and in consideration of the privilege of participating in general use of the Community Center or other sites utilized by Parks & Community Services programs and classes I and/or my child(ren) may attend, I hereby assume all risk of liability for injury, loss, damage, or other consequences; except for those caused by the sole negligence of the City. I also forever discharge and waive any right of recovery from, or to bring suit against, the City of Issaquah and their responsive officers, officials, employees and volunteers, holding them harmless from any and all claims for any personal injury, loss, death, damage, or other consequences to myself and/or child(ren) arising out of my and/or my child(ren)'s voluntary participation in an activity or class through the City of Issaquah. **PHOTO /VIDEO RELEASE:** I, the undersigned participant and/or parent or guardian of the minor participants, give my permission to have photos/video tapes taken, with recompense, during City of Issaquah activities and used for publicity purposes.

I have read and agree to the policies above regarding the Issaquah Parks Preschool.	
Signature _____	Date _____