



OFFICE USE

REGISTRATION FORM	Enrollment date:	App. fee	Emer. fee
	Date Received:	Withdrawal date:	Reg. fee
		First tuition	

Camp Week: 1 2 3 4 5
 6 7 8 9 10

Child's Information

Child's Name Last	First	Middle	Name used	Birthdate
Street address			City	Zip code
Where will you be while child is in care? Please note address.			City	Zip code

Parent/ guardian information

Child's parent/ guardians name	10 digit mobile number	10 digit work number
Email address	10 digit home number	Which number should we call first?
Street address	City	Zip Code

Child's parent/ guardians name	10 digit mobile number	10 digit work number
Email address	10 digit home number	Which number should we call first?
Street address	City	Zip Code

Best # to Text _____ for **Emergency** **School Closures/ delayed start**

Other people to notify in case of emergency/ pick up child in case of emergency

Name and Relationship	Address	10 digit telephone number
		Work: Home:
		Work: Home:
		Work: Home:

Child's health information

Date of Child's last physical exam	Child's health care provider	10 digit telephone number
Street address	City	Zip code
Dentist's Name	Dentist's Office	10 digit telephone number
Street address	City	Zip code

Special health problems and or Allergies, including drug reactions (if this does not apply, please mark this box "N/A", or "none")	Previous professional observations, assessments, or developmental concerns. (if this does not apply, please mark this box "N/A", or "none")
Regular medications (if this does not apply, please mark this box "N/A", or "none")	Previous school attended and other important information

Child's medical insurance coverage

Insurance company name	Member/policy number
Policy holder name	Employer name
Insurance company name	Member/policy number
Policy holder name	Employer name

Consent to medical care and treatment of minor children

I give permission that my child, _____, may be given emergency treatment by a qualified teacher at Creative Sprouts- 12022 98th AVE NE Kirkland, Wa 98034. When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

Parent/ guardian signature	Date	Parent/ guardian signature	Date
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Tuition and Fee Schedule
Summer Camp 2017

Field Trip/ Material Fee	\$20	Per camp, Per Child
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Camp	Week #	Dates	Cost
Crafting	1	June 26-30	\$350
Stars and Stripes	2	July 3,6 &7	\$225
Cooking	3	July 10-14	\$350
Pottery	4	July 17-21	\$350
Art Camp #1	5	July 24-28	\$350

Camp	Week #	Dates	Cost
Art Camp #2	6	July 31- August 4	\$350
Science	7	August 7-11	\$350
Whizz Kids	8	August 14-18	\$350
Baking Camp	9	August 21-25	\$350
Game Camp	10	August 28-1	\$350

Registration: Registration forms will be processed March 3rd based on our priority scale. After March 3rd, they will be processed on a first come, first served basis.

Summer Camp Deposits:
Less than 6 Camps- 25% deposit of tuition for **each week** of camp is due by April 25th.
6 or more camps- 10% deposit of tuition for **each week** of camp is due by April 25th.
FOR ALL CAMPS- The remainder of tuition due after deposits have been paid will be due in advance on the 25th of the month prior to the camp.

Camp 1- tuition remainder is due May 25th
Camps 2,3,4,5- tuition remainder is due June 25th
Camps 6,7,8,9,10- tuition remainder is due July 25th

Tuition Schedule:
 Tuition is due in advance on the 25th of each month.
 It can be divided into two payments (25th and 10th of the month) with an administrative fee of \$25 due with the second payment.

Discounts:
 10% sibling discount.
 Please inquire for scholarships.

Late Fee:
 Tuition is due on the 25th of each month. There is no grace period. A late fee of \$100 will automatically be applied on the 26th and/ or 11th. Please see financial agreement for more detailed information.