



Preschool
Extended Day Registration
2009-2010 Trimester 1

Please complete and return this form to the Main Office by Thursday, August 13.

We are pleased to offer an extended day program for our P4 and P5 students. The daily schedule will include outdoor play, group activities, and individual playtime.

DAILY SCHEDULE

1:30 – 1:45 Check in and meeting
1:45 – 2:00 Free Play
2:00 – 2:45 Structured Play (indoors or outside)
2:45 – 3:00 Clean up and Sign Out.

Due to our licensing restrictions, your child must be picked up on time:
3:00pm on all full school days M, T, Th, F
2:15pm on Wednesdays

A fee of \$3.00/minute will be charged for every minute of care after the stated pick up time (3:01pm on regular school days, 2:16pm on Wednesdays).

REGISTRATION

Please mark the days your child will be attending below and complete the reverse of this sheet. For the safety of your child, call **206-524-7009** or e-mail **edp@thevilla.org** if he/she will be absent for any reason.

	Weekly Fees
<input type="checkbox"/> Monday	5 days/week \$ 49.15/week
<input type="checkbox"/> Tuesday	4 days/week \$ 39.35/week
<input type="checkbox"/> Wednesday	3 days/week \$ 29.50/week
<input type="checkbox"/> Thursday	2 days/week \$ 19.65/week
<input type="checkbox"/> Friday	1 day/week \$ 9.85/week

Please note that enrollment will be limited to 10 children per day due to licensing restrictions. Priority will be given to those who sign up for multiple days, in order of receipt of this form in the Main Office until August 13. After that date, registration will be strictly first come first served. If we are not able to accommodate you on all the days you request, we will notify you.

Office Use Only
Date: _____
Time: _____



To complete your registration, fill out the Extended Day Registration form on reverse.

You must complete this page; this information is vital in case of emergency.

Participant's Last Name	First Name	Gender M F	Home Phone ()	Birth Date	Grade
Mailing Address					

PRIMARY HOUSEHOLD INFORMATION

Living with (*circle one*)

Both Parents Father Only Father & Stepmother Mother Only Mother & Stepfather

Other (specify) _____

** Who is responsible for payment for EDP services? _____

If child has a shared living arrangement how should the bill be split? _____

Primary E-mail Address:

Name	Work Telephone Number	Cell Phone Number
Father/ Stepfather/ Guardian		
Mother/ Stepmother/ Guardian		

EMERGENCY CONTACT/MEDICAL RELEASE

List two local persons (*other than yourselves*) usually available during the day, to care for and provide transportation for your child if she/he becomes ill and you cannot be reached.

Name	Relationship to child	Telephone Number

Does your child have an allergy or medical condition of which we need to be aware? Please describe _____

If your child has an allergy or special medical condition, proper paperwork must be complete and on file in the Villa Main Office.

MEDICAL RELEASE:

I, the parent/guardian of _____, authorize that my child be given emergency treatment to include first aid and CPR by a qualified staff member. In addition, I authorize and consent to medical, surgical, and hospital care treatment and procedures to be performed for my child by his/her regular physician (or when that physician cannot be reached, by a licensed physician or hospital) when deemed immediately necessary or advisable by the physician, to safeguard my child's health when I cannot be reached. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I waive my right to consent to such treatment and/or transportation and agree to pay the cost of such emergency care and/or transportation. I release and agree to hold Villa Academy harmless for any liability resulting from such emergency treatment and/or transportation.

PARENT/GUARDIAN

SIGNATURE _____ **DATE** _____