



# SUMMER 2019 – ENROLLMENT APPLICATION

Child's Name \_\_\_\_\_, \_\_\_\_\_  
last first

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Nickname \_\_\_\_\_ Language(s) spoken at home \_\_\_\_\_  
Allergies \_\_\_\_\_

**SUMMER CAMP 2019 - Session starts on July 15th and ends August 12th (five weeks).**

**WEST SEATTLE LOCATION**

**Mon. through Fri. – 9:30am to 12:30pm**

- Week 1 | July 15<sup>th</sup> – A cocinar!/ Let's cook!
- Week 2 | July 22<sup>th</sup> – Vida marina / Sea life
- Week 3 | July 29<sup>th</sup> – Art explosion
- Week 4 | Aug 5<sup>th</sup> – Alrededor del mundo/ Around the world
- Week 5 | Aug.12<sup>th</sup> – En el zoológico

- 5 classes: \$240
  - 10 classes: \$450
  - 15 classes: \$670
  - 20 classes: \$850
- You can sign up for 5, 10, 15 or 20 classes and reserve your spot by paying in full when you turn in your application.
- Preferred days of the week: \_\_\_\_\_

Additional classes:  
\$50 per day.

**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

**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