



# ENROLLMENT APPLICATION – Wallingford PreK

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

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

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

Allergies \_\_\_\_\_

### M. thr. Fr. – 8:15 am to 12:15 pm

- 2 day/week: \$445/month
- 3 day/week: \$635/month
- 4 day/week: \$815/month
- 5 day/week: \$975/month

Preferred days:  
\_\_\_\_\_

### 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 1<sup>st</sup>, 2019 . 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

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for Cometa Playschool LLC staff-in-charge to obtain emergency care for my child, neither the staff-in-charge nor Cometa Playschool assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

### WALKING TRIP AND FIELD 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.

I understand that Cometa Playschool LLC will make every reasonable effort to provide a safe environment for my child. As the parent/guardian of the above named student I understand that there are inherent risks associated with participating in activities and field trips at Cometa including physical injury, and/or other consequences.

\_\_\_\_\_ please print parent / guardian's name

\_\_\_\_\_ parent / guardian signature

\_\_\_\_\_ date