

# Firs & Fiddleheads Re-enrollment

Child's Name: \_\_\_\_\_ Enrollment Year: \_\_\_\_\_

Residing Parent/Guardian Name(s): \_\_\_\_\_

Age in Fall: \_\_\_\_\_

## Attendance Options:

SUMMER WEEKS ATTENDING	
<input type="checkbox"/> Week 1: June 28-July 2	<input type="checkbox"/> Week 5: July 26-30
<input type="checkbox"/> Week 2: July 5-9	<input type="checkbox"/> Week 6: Aug 2-6
<input type="checkbox"/> Week 3: July 12-16	<input type="checkbox"/> Week 7: Aug 9-13
<input type="checkbox"/> Week 4: July 19-23	<input type="checkbox"/> Week 8: Aug 16-20

*I understand that I will be responsible for payment based on the above schedule. Any changes must be made before September 1st and must be in writing/email.*

## CONTACT INFORMATION: **\*\*Please make careful note of any address and phone number changes.\*\***

PARENT/GUARDIAN INFORMATION #1	
Name: _____	Relationship to child: _____
Circle Applicable Description: Married      Divorced      Partner      Separated      Single      Widowed	
Address: _____	
City: _____	Zip: _____ Home Phone: _____
Work Place: _____	Email: _____
Work Phone: _____	Cell Phone: _____

PARENT/GUARDIAN INFORMATION #2	
Name: _____	Relationship to child: _____
Circle Applicable Description: Married      Divorced      Partner      Separated      Single      Widowed	
Address: _____	
City: _____	Zip: _____ Home Phone: _____
Work Place: _____	Email: _____
Work Phone: _____	Cell Phone: _____

### EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_

**Please note:** Only the people listed below (along with the parents listed above) will be granted permission to pick up your child. Please contact ASA if this form needs to be updated at any time during the school year.

### AUTHORIZED PICK UP INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_

### MEDICAL INFORMATION

Date of last physical: \_\_\_\_\_ Dental exam: \_\_\_\_\_ Vision exam: \_\_\_\_\_  
Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

### PAYMENT INFORMATION

- I prefer to receive:  monthly email statement  
 monthly paper statement in my child's folder
- I will be paying by:  monthly check  
 monthly automatic withdrawals (credit card) *I understand I must complete and sign the credit card withdrawal form attached to my first month's bill. (September)*  
 I receive DSHS (Washington State subsidy)
- I have paid the re-enrollment fee of \$75 (\$15 for second child, \$10 for each additional child).

### OTHER INFORMATION

- I have read and agree to the ASA parent Handbook.  
 The Firs has my permission to use photographs of my child for display/program purposes.  
 ASA has permission to transport my child to/from school and on field trips by walking or in a licensed van.  
 My child will need a booster seat when being transported in a van.  
 My child has permission to participate on The Firs Climbing Wall.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Note:

\_\_\_\_\_  
Signature: