



Registration Form (2026-2027)

Sammamish Chinese School

Bilingual Preschool Program

Program Registration (**Check Your Selection**)

Days	Time (<u>9:00 am-1:00 pm</u>)	Tuition (Monthly)
5 days	M - F	\$980
4 days	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	\$785
3 days	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	\$590
2 days	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	\$395
1 day	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F	\$200

Certain Day Options: Once certain days are selected, students will keep this schedule throughout the school year.

Non-Refundable Registration and Material Fee: \$250

Discount/Benefit

- School extends a 10% discount for each additional child after the first student from the same family (sibling must be enrolled at the same time).
 - The discount will be based on the lowest tuition (equal or lesser value).
 - This discount is for tuition only.
- Separate charges will apply to all students attending break time childcare (Sammamish Chinese School no-school-camp program) during winter break in December and spring break in April.
- A 30% discount on break time childcare fee will be applied for children scheduled to attend M-F schedule.

Contact Information

Child's Name _____ Birth Date _____ Gender Male Female

Child's Preferred Name if Different _____

Address _____ City _____ Zip Code _____

Primary Contact

Parent Name (1) _____
Employer _____
Work Phone _____
Home Phone _____
Cell Phone _____
Email _____

Parent Name (2) _____
Employer _____
Work Phone _____
Home Phone _____
Cell Phone _____
Email _____

Does the child live with both parents? Yes No if no, with whom _____

Emergency Contact (Other than parent). Authorized to pick up your child.

Contact Name _____ Relationship to Child _____

Address _____

Home Phone _____ Cell Phone _____

Medical Information

Physician's Name _____ Phone _____

Date of Last Exam _____

Dentist's Name _____ Phone _____

Date of Last Dental Exam _____

Preferred Hospital _____

Allergies and Potential Reaction

Up to date on Age-Appropriate Immunizations? Yes No

Medical and/or Social/Emotional/Behavioral Challenges if any:

Background Information

Is English Your Child's First Language? Yes No

Language Spoken at Home other than English _____

Last School Attended _____ How Long _____

Child's Interest and Favorite Activities:

Specific Fears, Likes, or Dislikes Your Child Has that Might Help Us to Know Him/Her More:

Liability Release Form

The undersigned has enrolled _____ to attend Sammamish Chinese School-Bilingual Preschool Program activities and participate in the programs offered. In consideration, the undersigned releases and discharges Sammamish Chinese School-Bilingual Preschool Program, its officers and employees from liability of any kind to the child or the undersigned for any loss or injury to the child while participating in school or extended day program activities. The undersigned agrees that this release is intended

to be as broad as permitted under the law of the State of Washington and if any part of the application is found unenforceable the remainder may be enforced in full.

Parent Signature: _____ Date: _____

Consent For Emergency Treatment/Field Trip Permission

I hereby give permission for my child _____ to:

- Be given emergency treatment by a qualified staff member at Sammamish Chinese School-Bilingual Preschool Program.
- Be transported by ambulance or aid car to an emergency center for treatment.
- Receive medical, surgical, and hospital care, treatment, and procedures by all licensed physicians or hospitals when deemed immediately necessary or advisable by the physician to safeguard my child’s health.
- Participate in in-house field trips or go to off-site field trips scheduled and supervised by the Sammamish Chinese School-Bilingual Preschool Program.

Parent Signature: _____ Date: _____

Media and Information Release

- I give permission for Sammamish Chinese School-Bilingual Preschool Program to use photos or videos of my child _____ taken during class time or school events to be used within the school or in our newsletters and/or on our website and/or marketing.
- I give permission for student and parent names and email addresses to be distributed to the classroom parents. This is for internal distribution only.

*****If you wish to opt out, please email the office.*****

Parent Signature: _____ Date: _____

Parent/School Contract 2026-2027 School Year

Please read the Parent/School Contract below and initial on the line next to each number. By initialing each section and signing this contract you are accepting the terms.

School Policies, Tuition and Withdrawal Agreement:

_____ 1. I agree to pay Sammamish Chinese School – Bilingual Preschool Program a non-refundable registration/materials fee as well as a tuition deposit for June (last month's tuition) upon enrollment.

_____ 2. I agree to pay tuition on or before the 1st of every month. If the 1st falls on a weekend or holiday, then tuition is due before the 1st of the month. A late fee of \$10/day will be charged if payment is not received by the 5th of the month. A \$25.00 fee will be applied for any returned checks.

_____ 3. I will receive a 10% discount for each additional child after the first student from the same family (sibling must be enrolled at the same time). The discount will be based on the lowest tuition (of equal or lesser value). The discount is for tuition only.

_____ 4. I understand that tuition is based on the 10-month school year and due in full each month regardless of illness, weather/emergency closures or vacations.

_____ 5. I will be charged with extra fee of \$1/minute for late picking up after being warned 3 times.

_____ 6. I agree to submit a written withdrawal notice (email is sufficient) to the office 2 weeks prior to my child's last day if I choose to withdraw my child from school or make changes in my child's enrollment in the program. The tuition for the current month will not be refunded.

_____ 7. I understand that my child must be up to date on all age-appropriate "required vaccines for childcare entry", unless it is due to a health condition signed by a health care provider for a medical exemption.

Breaks:

_____ 1. Separate charges will apply to all students attending break time childcare (Sammamish Chinese School no-school-camp program) during winter break in December and spring break in April.

_____ 2. A 30% discount on break time childcare fee will be applied for students scheduled to attend M-F program.

_____ 3. Childcare during any breaks is available only if we have a minimum of 5 kids registered.

Child's Full Name _____ Parent/Guardian Full Name _____

Parent/Guardian Signature _____ Date _____



Sammamish Chinese School

Afterschool Care Program

(2026-2027)

Afterschool Care Program (Check Your Selection)

Time	Monthly Fee (5 days)	
1:00 pm - 3:00 pm	\$480	<input type="checkbox"/>
1:00 pm - 4:00 pm	\$580	<input type="checkbox"/>
1:00 pm - 5:00 pm	\$680	<input type="checkbox"/>

Certain days options:

Time period: _____ M T W TH F

Monthly fee: _____

Child's Full Name _____

Parent/Guardian Full Name _____

Parent/Guardian Signature _____

Date _____