



# PRESCHOOL PLAYTIME

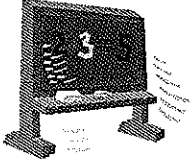


Registration for 2009-2010 School Year  
September – June

**What is Preschool Playtime?** Arts & crafts, books and stories, active play, songs & rhymes... and lots of fun!!! Playtime will enhance small and large motor skills, self-esteem and social skills. We will observe school holidays according to the Chehalis School District calendar.

**Tuition Fee Schedule:**

**3 days per week ~ MWF \$70.00 /month ~ 9:30am–11:30am ~ must be 4 by August**  
**2 days per week ~ TTH \$50.00 / month ~ 9:30am-11:30am ~ must be 3 by August**  
(tuition remains the same monthly regardless of the number of days attended)



The program is held at the Activity Building (25 SW Circle, Chehalis). This is a great opportunity for your child to meet new friends and gain self-confidence while getting into the routine of participating in structured play, learning activities, and still have fun.

**You are invited to sign your child up starting Monday, April 13**, open registration for the general public will begin on Monday, April 27. There is an initial \$30.00 non-refundable registration fee to purchase class supplies and secure your child's fall enrollment. September tuition is due by Friday, August 14<sup>th</sup>.

**\$30 non-refundable** registration for Preschool Playtime:  2day/week  3day/week

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Male  Female

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_

I am fully aware of the special dangers and risks inherent in the activity, including physical injury, death, or other consequences that may arise or result directly or indirectly from the activity. Being fully informed as to these risks and in consideration of the privilege of my child participating in the preschool playtime activity, I hereby assume all risk of injury, damage and liability and waive any right of recovery from or to bring suit against the City of Chehalis for any personal injury, death, or other consequences arising out of my child's voluntary participation in the activity, except for the sole negligence of the City.

I certify that I am the parent or legal guardian of the participant named above; that I have read and understood the foregoing release; and that I join in the release without reservation, granting full consent and authorization for the above-named person to participate in the activity.

Parent/Guardian Printed Name \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Refund Policy: No refund except for medical reason or program cancellation

PLU 2 Preeschool Registration	
Date pd _____	Amt _____
Ck# _____	Cash _____
Receipt # _____	