



For a more peaceful and harmonious world

EMA Primary Registration Form		Date child entered care	Date child left care
Child's name (Last, First, Middle)		Name used (Nickname)	Birthdate
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone #	email #	alternate phone #
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone #	email #	alternate phone #
<p>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</p> <p>Parent/Guardian signature: _____ Date: _____</p> <p>In an emergency, if you are not able to contact me, contact the following:</p>			
Name (first and last)	cell phone #	home phone #	alternative phone#
These individuals also have permission to pick up my child:			
Name (first and last)	cell phone #	home phone #	alternative phone#

Child's Health Information			
Child's medical care provider or parent's/guardian's preferred medical facility for treatment Name: _____ Phone: _____ Street Address: _____		Child's last physical exam, if available	
Child's dental care provider or parent's/guardian's preferred dental facility for treatment Name: _____ Phone: _____ Street Address: _____		Child's last dental exam, if available	
Known health conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement due to a health condition.) 			
Consent to medical care and treatment of minor children			
I give permission that my child (name) _____ may be given first aid/emergency treatment by EMA licensee and or qualified staff at: 			
Parent/guardian signature	Date	Parent/guardian signature	Date

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid care attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment and I will be responsible for any fee occurred.

I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/guardian signature	Date	Parent/guardian signature	Date
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Primary Program Fees Schedule (2024-2025)

Registration Fees: **\$300**

Monthly Tuition can be paid in a single, semi-annual, or annual payment as follows (Lunch & Snack included)

School Hours 9:00 am-3:00 pm: **\$2150**

Part Times 8:50 am-11:50 am or 1:00 pm-5:30 pm: **\$1650** Lunch Plan: **\$125**

Morning Care 8:00 am-9:00 am: **\$100** Hourly Care (until 5:30 pm): **\$15** per Hour

Afternoon Care 3:00 pm-5:30 pm: **\$350** Late Pick Up Fee: **\$2** per minute.

Fees Policy

- Payments for tuition commence one month before attendance on August 1st. All subsequent tuition payments are due on the 1st day of the month. If a family enrolls their child after August 1st, a one-month tuition deposit will be billed with the \$300 Registration Fee and the last month tuition deposit. This will create a credit to be applied to the final 60-days of attendance, provided a written notice is submitted.
- A \$50 late fee will be charged if the tuition is not received on the 2nd of the previous month.
- All fees are Non-Refundable and are due at signing, which include: Registration fee; Last month deposit which is applied to the final month of attendance; One month tuition deposit (if your child is enrolled after August 1st)
- Discount: A **3%** tuition discount for semiannual payment; A **6%** tuition discount for annual payment; A **10%** tuition discount for siblings and Active-Duty Military.
- Enrollment will be canceled if the enrollment fees are received by the due date.

Enrollment Contract

We agree that all fees are Non-Refundable.

We agree that there will be a \$50 late non-payment fee and a late pick-up fee (\$2 per minute). We agree that we are still responsible to pay our child's full tuition amount if we choose to take a vacation during school year.

We give permission that our child/children may be photographed and took the video at EMA during operation hours, field trips, or activities and we give permission that these photographs or videos may be used in promoting EMA's marketing services either in print or on the Internet. Yes No

We have received and read the EMA Parent Handbook.

Parent/Guardian Signature

Date