

# Washougal Community Education & Recreation 2009-2010 Early Learning Registration Form

Return completed form to:

Mailing Address: P.O. Box 559, Washougal WA 98671

Site Address: Hathaway School, Portable D, 25<sup>th</sup> & G Street, Washougal WA 98671

## FEE INFORMATION

- **A \$40 deposit is required at time of registration**
- **Two days per week:** Monday/Thursday or Tuesday/Friday  
\$1117.00 annually, no bussing - \$95.00 per month September through June after \$127.00 down payment due by September 1, 2009
- **Four days per week:** Monday/Tuesday/Thursday/Friday  
\$2234.00 annually, no bussing - \$190.00 per month September through June after \$294.00 down payment due by September 1, 2009

*Please check the Early Learning session of your choice:*

Gause Early Learning     Hathaway Early Learning     Cape Horn-Skye Early Learning

*Please circle preferred days/time:* Mon/Thurs    Tues/Fri    Mon/Tues/Thurs/Fri    AM/PM

## BUSSING INFORMATION

One-way bussing may be available after the District has evaluated its transportation use in the fall. Families who are interested will be notified of availability and cost no later than the end of September.

If bussing becomes available, would you like to be notified? *Please circle:* Yes    No

## STUDENT INFORMATION

Student's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email address: \_\_\_\_\_

Permission Form: \_\_\_\_\_ has my permission to participate in this community education activity. I understand that WCER does not provide insurance to participants. I certify that my child is physically and mentally able to participate in this class. I, intending to be legally bound, waive and release my rights and claims for damages that I may accrue against any and all sponsors of this class.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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