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| **2019 Summer Express Medical/Emergency Contact** | j0411932  Summer Express Site: |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **Child Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | First name | | | | | | |  | | | | | | | | | | | | | MI | | |  | | | | | | | Last name | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | Birth date | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | Grade | | | |  | | | | | | | | | | | | | | | Gender | | | |  | | | |  | | | My child currently attends (Express site) | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | |  | | | | | |  | | | | |  | | | | | | | | | | **CURRENT EXPRESS SITE** | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | **1 Parent/Guardian Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | First name | | | | | | |  | | | | | | | | | | | | | MI | | |  | | | | | | | Last name | | | | | | | | | | | |  | | | | | | | | | | | | | |  | | | | | Address | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | City |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | | |  | | | | Zip | | | |  | | | | |  | | | Home Ph | | | | | | |  | | | | | | | | | | | Work Ph | | | | | |  | | | | | | | | | | | | | | | | | | | | | Cell Ph | | | | |  | | | | | | | |  | | | Employer | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Work Schedule | | | | | | | | | | | |  | | | | | | | |  | | | E-mail address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |  | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | |  | | | | | | |  | | | |  | | | |  | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | |  | | | | | |  | | | |  | | | | | **2 Parent/Guardian Information:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | First name | | | | | | |  | | | | | | | | | | | | | | MI | | |  | | | | | | | Last name | | | | | | | | | | | |  | | | | | | | | | | | | | | |  | | | Address | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | City |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | State | | | | |  | | | | Zip | | | |  | | | | |  | | | Home Ph | | | | | | |  | | | | | | | | | | Work Ph | | | | | | |  | | | | | | | | | | | | | | | | | | | | Cell Ph | | | |  | | | | | | | | |  | | | | Employer | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Work Schedule | | | | | | | | | |  | | | | | | | | |  | | | | E-mail address: | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |  | |  |  | | | | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | |  | | | | | | |  | | | | |  |  | | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | **Persons (OTHER THAN PARENT/GUARDIAN) authorized to pick up child:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relation to child | | | | | | | | | | |  | | | | | | | | | | |  | | | Home Ph | | | | | | |  | | | | | | | | | Work Ph | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Cell Ph | | | | |  | | | | | | | |  | | | Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relation to child | | | | | | | | | |  | | | | | | | | | | |  | | | Home Ph | | | | | |  | | | | | | | | | | Work Ph | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Cell Ph | | | | |  | | | | | | | |  | | | ***Person(s) NOT authorized to pick up child*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | |  | | | | |  | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | **In an emergency and Parent/Guardian cannot be contacted, notify:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relation to child | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | Home Ph | | | | | | |  | | | | | | | | | | | Work Ph | | | | | | | |  | | | | | | | | | | | | | | | | | | | Cell Ph | | | | |  | | | | | | | |  | | | Name | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Relation to child | | | | | | | | | | |  | | | | | | | | | | |  | | | Home Ph | | | | | |  | | | | | | | | | | Work Ph | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | Cell Ph | | | | |  | | | | | | | |  | | |  | | | | | | |  | | | | |  | | | |  | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | If emergency medical care is needed, call: | | | | | | | | | | | | | | | | | | |  | | | | | | Doctor | | | |  | | | | | | | | | | | | | | |  | | | | | |  | | | | Name | | | | | Phone | | | | | | | | | | **Last Physical Exam** | | | | | | Dentist | | | |  | | | | | | | | | | | | | | | | | | | | |  | | | | Name | | | | | Phone | | | | | | | | | | **Last Dental Exam** | | | | | |  | | | |  | | | | |  | |  | |  | | | | |  | | |  | | | | **🖵** | | Check here if your student has special needs or allergies or will be taking medications. Describe special needs, allergies or medications below. If specialized staffing is required, a waiting period may occur prior to the student being enrolled. Failure to disclose pertinent medical or health data may lead to inadequate staffing and forfeiture of child care from the Express program. | | | | | | | | | | | | | | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | |  | SPECIAL NEEDS (Health concerns, emotional/physical needs, IEP, etc): | | | | | | | | | | | | | | | | | | | | | | | | **🖵** | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | ALLERGIES: | | | |  | | | |  | |  | |  | | |  | | | | | |  | | | **🖵** | | |  | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | |  | | |  | SPECIAL DIET REQUIREMENTS: | | | | | | | |  |  | |  | |  | | |  | | | | | |  | | | **🖵** | | |  | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | |  | | | | | | | | | |  | | |  | MEDICATIONS: | | | | | | |  |  | |  | |  | | |  | | | | | |  | | | **🖵** | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | OTHER: | | | | | | | |  | |  | |  | | |  | | | | | |  | | | **🖵** | |  | | | | | | | | | | | | | | | | | | | |  | | |  | | | | | | | | | | | | | | | | | | | |  | | |  | |  | | | | | |  |  | |  | |  | | |  | | | | | |  | | |  | |  | | | | | |  |  | |  | |  | | |  | | | |  | | | | |  | Other adults in the home | | | | | |  | |  | |  | | | | Relationship to child | | | |  |  | |  | | |  | Other adults in the home | | | | | |  | |  | |  | | | | Relationship to child | | | |  |  | |  | | |  | Names of siblings | | | | |  | | |  | |  | |  | | |  | | | |  | |  | | |  | | | | | | | |  |  | |  | |  | | |  | | | |  | | | | |  | | | | | | | |  |  | |  | |  | | |  | | | |  | | | | |  | **Field trips are planned as part of the Express program**. I understand I will be notified at least one (1) week prior to any field trip. I am aware that I cannot drop off my child at a field trip location. If I choose to not have my child attend any of the field trips, I need to make other arrangements for the day. | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | |  | | |  | Parent/Guardian Signature | | | | | | | | | |  | |  | | |  | | | |  | |  | | |  |  | | | | | | |  |  | |  | |  | | |  | | | |  | | | | |  | **In case of injury or sudden illness**, I hereby give authority to any hospital or doctor to render immediate emergency aid or any medical, surgical or hospital care, treatment and procedures as might be required at the time for my child’s health and safety. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment. I understand that any expense for the service is my responsibility. | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | |  | | |  | Parent/Guardian Signature | | | | | | | | | |  | |  | | |  | | | |  | |  | | |

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| **2019 Summer Express Registration/Billing Contract** | | j0411932 |
| |  |  | | --- | --- | | **Enrollment Requirements**   * All Express accounts must be current to enroll in the summer program. * A minimum of 3 weeks enrollment, three days per week is required. * Enrollment Form/Billing Contract must be complete and legible. * Schedule changes must be received in writing in the Express Billing office by the 23rd of the month to take effect the following month and accommodated based on space availability * Accounts must be paid by the 1st of each month. Payments received after the 5th – a 10% not to exceed $50 late payment fee, will be charged. If payment is not received by the 5th of each month, then child care will be interrupted. * Written Withdrawal notice is required 10 business days (2 weeks) prior to the effective date. | | |  | | | **Extra Usage**   * Parents/Guardians will be charged $45.00 per day for any days that are used outside of those indicated on their billing contract and require pre-approval from the Billing Office. * Non-contracted days used without written notice will be charged as extra usage. * Absent days will not be credited without proper schedule change notification. | | |  | | | **Early Drop off/Late Pick-up**   * An additional fee of $5 for each five (5) minutes or portion thereof will be charged per student for student(s) picked up after the end of each program or dropped off prior to the start of each program. * Parents/Guardians are responsible for any additional charges for food, transportation and staffing that may be incurred if a student(s) is picked up late or dropped off early. | | |  | | | **Summer Express Fees**   * Registration Fee (children who are not currently enrolled in School Year Express): $50 per child * Daily Rate Per Child: $45.00 | | |  | | | **By signing this billing contract, I am stating that I have read and understand the terms of the Summer Express Billing Information and that all other Contract Terms and Conditions apply. I will accept full responsibility for the weeks and days I have marked on the Billing Schedule. I have received, read and understand all information provided in the parent’s Summer Brochure**. | | |  |  | | Parent/Guardian 1 - Signature Date | | |  |  | | Parent/Guardian 1 - Printed Social Security No. |  | |  |  | | Parent/Guardian 2 – Signature Date |  | |  |  | | Parent/Guardian 2 - Printed Social Security No. |  | | |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **CHILD NAME:** | | | | |  | | | | | | | | | | | | | |  | | | | **Lincoln Heights** | | | | | | | | | | **6:30AM-6:00PM** | | | | | | | **🖵** | |  | | | |  | | | | Grade **ENTERING** on **August 30, 2018: (Provider #143905)**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **🖵 1st** | **🖵 2nd** | **🖵 3rd** | **🖵 4th** | **🖵 5th** | **🖵 6th** | **🖵 7th** | | | | | | | | | | | | | | | | | | | |  | | | |  | | | | | | | | | | | | | | | | | | |  | | | | **Finch** | | | | | | **6:30AM-6:00PM** | | | | | | | | | | | **🖵** | |  | | | | Grade **ENTERING** on **August 30, 2018: (Provider #143302)**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **🖵 1st** | **🖵 2nd** | **🖵 3rd** | **🖵 4th** | **🖵 5th** | **🖵 6th** | **🖵 7th** | | | | | | | | | | | | | | | | | | | |  | | | | |  |  |  |  | | --- | --- | --- | --- | | **SPS Montessori (Pre-K or entering Kindergarten 8/30/18)** | **7:00AM-5:00PM 🖵**  **(Provider #548190)** |  | **Finch** | | | | | | | | | | | | | | | | | | | |  | | | | **I receive state/other agency assistance for child care:** | | | | | | | | | | | **YES** | | **🖵** | | | **NO** | | **🖵** | |  | | | |  | | | | | | | | | | | | | | | | | | |  | | | |  | **🖵** | **Please send monthly statements via e-mail to the e-mail listed for parent 1. Also, please send e-statements to parent 2:** | | | | | | | | | | | | | | | | |  | | | | **BILLING SCHEDULE***:* ***Please sign my child up for the days checked below.* PLEASE NOTE: *NO EXPRESS 6/15, 6/18, 7/4, 8/20-29 (School begins 8/30)*** | | | | | | | | | | | | | | | | | | |  | | | |  | | |  |  | | | **Mon** | **Tues** | **Wed** | | | **Thur** | | **Fri** |  | | | | | | |  | | | 1 | **June 17 - 21** | | |  | **🖵** | **🖵** | | | **🖵** | | **🖵** |  | | | | | | |  | | | 2 | **June 24 - 28** | | | **🖵** | **🖵** | **🖵** | | | **🖵** | | **🖵** |  | | | | | | |  | | | 3 | **July 1 - 5** | | | **🖵** | **🖵** | **🖵** | | |  | |  |  | | | | | | |  | | | 4 | **July 8 - 12** | | | **🖵** | **🖵** | **🖵** | | | **🖵** | | **🖵** |  | | | | | | |  | | | 5 | **July 15 - 19** | | | **🖵** | **🖵** | **🖵** | | | **🖵** | | **🖵** |  | | | | | | |  | | | 6 | **July 22 – 26** | | | **🖵** | **🖵** | **🖵** | | | **🖵** | | **🖵** |  | | | | | | |  | | | 7 | **July 29 – August 2** | | | **🖵** | **🖵** | **🖵** | | | **🖵** | | **🖵** |  | | | | | | |  | | | 8 | **August 5 - 9** | | | **🖵** | **🖵** | **🖵** | | | **🖵** | | **🖵** |  | | | | | | |  | | | 9 | **August 12 - 16** | | | **🖵** | **🖵** | **🖵** | | | **🖵** | | **🖵** |  | | | | | | |  | | | 10 | **August 19- 28 CLOSED** | | |  |  |  | | |  | |  |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | |   Billing Office: (509) 354-7312 Fax: (509) 353-5464  E-Mail: expressbilling@spokaneschools.org | |