



Parent/Toddler Class at Glory Days Preschool

Join Us This Winter!

Are you looking for a social opportunity for yourself and your toddler? A time to meet with other parents while enjoying playtime with your child? All parents with children under the age of 2 1/2 are invited to join us at Glory Days Preschool (Room S-107), located on the Sammamish Presbyterian Church campus, **Tuesdays, January 15 - March 19, from 9:15-10:30am** to sing, play and share parenting tips. Tuition is \$130 for the first child and \$65 for each sibling (infants are free).

To Register: Complete a registration form for each child you are enrolling and submit to the Glory Days Preschool Office (Building C) with your non-refundable tuition. For more information, contact Huma Taj, Glory Days Preschool Director, at humataj@glorydayspreschool.org or 425.868.5186 x128.



www.glorydayspreschool.org



Save above flyer for your records and return this half to enroll in the
Winter 2019 Session of the Parent/Toddler Class at Glory Days Preschool

Fill out one form for each child attending. \$130 for first child and \$65 for each additional sibling (infants are free).

Child's Name: _____

Child's Birthdate: _____ Gender: M F

Participating Parent's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Local Emergency Contact: _____ Home Ph: _____ Cell Ph: _____

Please fill out both sides of this form, sign and return with your non-refundable tuition made payable to "SPC" with "Glory Days Parent/Toddler Class" in memo. Submit to:
Sammamish Presbyterian Church/Glory Days Preschool
22522 NE Inglewood Hill Rd., Sammamish WA 98074

BOTH SIDES MUST BE COMPLETED...





Waiver and Release for Glory Days Preschool Parent/Toddler Class—Winter, January 15 - March 19

Name of Child: _____

Allergies or Health Concerns: _____

(Note: If your child is allergic to anything requiring the use of an Epi-Pen, you must have an Epi-Pen onsite each day your child is at class.)

This medical information for my child is correct to the best of my knowledge and my child is current on all immunizations. In the event I cannot be reached in an emergency, I hereby give permission for the healthcare provider(s) selected by Sammamish Presbyterian Church (SPC)/Glory Days Preschool, or its employees or agents to hospitalize and secure treatment, including, but not limited to injections, anesthesia, or surgery for my child. In addition, I give permission for SPC employees or agents to take my child/children to the hospital in the event of medical emergency. I agree that I will not hold the Presbytery of Seattle, Sammamish Presbyterian Church/Glory Days Preschool, its employees or agents, responsible for any accident or injury arising out of my child's/children's participation in the SPC Glory Days Parent/Toddler Class. I grant my permission to SPC/Glory Days, SPC personnel and their agents to use photographs, motion pictures or recordings, or any other record of this activity for any legitimate purpose, including, but not limited to, all print and web-based communications.

Signature of Parent/Guardian: _____ Date: _____

PLEASE COMPLETE BOTH SIDES...

