

**WESTSIDE COOPERATIVE PRESCHOOL**  
**2011 SUMMER PROGRAM**  
 July 5<sup>th</sup> through September 1<sup>st</sup>

The Westside Cooperative Preschool's Summer Program will offer your child days filled with games, crafts and social activities in the spacious, fenced play yard and indoor classrooms. The Summer Program is open to 3-6 year-old children who are daytime potty trained. The class has a 1:5 teacher/child ratio for a maximum of ten children each day.

Each day your child will need to bring a sack lunch, an extra snack and a drink with their name on it. Also, pack a swimsuit, towel and an extra change of clothes in a bag with their name on it. Class time begins at 9:00am and ends at 1:00pm. Please be prompt when picking up your child, as you will be charged \$10.00 for every ½ hour after 1:00.

You must be a currently registered family at WCP, ECP, LCP or SICP or alumni at one of these co-ops to register. Mail the registration form and payment to the PO Box\* below.

Email Sultana Jefts (shahsultana@hotmail.com) or call WCP (360) 866-7383 for more information.

**NO TREE NUTS OR PEANUTS...WE HAVE CHILDREN WITH ALLERGIES!**

Complete a separate registration form for each child.

Child's Name: \_\_\_\_\_ Age/ D.O.B: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Mailing Address: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Cell Ph: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's Medical Provider & Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Ins. Provider & #: \_\_\_\_\_ Allergies & Restrictions: \_\_\_\_\_

In the event of an emergency, when a parent is unavailable, I give my permission for my child to be treated by the available means as determined by the supervisory personnel of WCP.

Signed: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Each day marked is \$20.00

Week 1: (July 5-July 7) T _____, W _____, Th _____	Week 6: (Aug 8-Aug 11) M _____, T _____, W _____, Th _____
Week 2: (July 11-July 14) M _____, T _____, W _____, Th _____	Week 7: (Aug 15-Aug 18) M _____, T _____, W _____, Th _____
Week 3: (July 18-July 21) M _____, T _____, W _____, Th _____	Week 8: (Aug 22-Aug 25) M _____, T _____, W _____, Th _____
Week 4: (July 25-July 28) M _____, T _____, W _____, Th _____	Week 9: (Aug 29-Sept. 1) M _____, T _____, W _____, Th _____
Week 5: (Aug 1-Aug 4) M _____, T _____, W _____, Th _____	

Non WCP-member registration fee \$10.00: \_\_\_\_\_  
 Total: \$ \_\_\_\_\_

Payment is due at time of registration and non-refundable.  
 No cash please. Checks payable to WCP.

202 DELPHI ROAD SW, OLYMPIA, WA 98502  
 \* POST OFFICE BOX 12659, OLYMPIA, WA 98508  
 www.westsidecooperative.com