



The Children's Studio  
211 164th Ave SE  
Bellevue, WA 98008  
(425) 442-8514

**Registration form for 2020-2021**

Today's Date: \_\_\_\_\_

Choose one:

3s program (3 years old by 8/31/20):  
Tues/Wed/Thurs, 9:30am-12:00pm  
\$500 per month

4s program (4 years old by 8/31/20):  
Tues/Wed/Thurs/Fri, 9:30am-12:00pm  
\$675 per month

There is a non-refundable deposit due at registration of \$150, which will be applied toward September tuition.

**Student Information**

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Primary Language \_\_\_\_\_

Other Languages Spoken at Home \_\_\_\_\_

**Parent Information**

Parent 1 Name \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Parent 1's Preferred Email  
\_\_\_\_\_

Parent 2 Name \_\_\_\_\_ Cell \_\_\_\_\_

Employer \_\_\_\_\_ Position \_\_\_\_\_

Parent 2's Preferred Email  
\_\_\_\_\_

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

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Family members at home other than the ones listed above:

1. \_\_\_\_\_ age \_\_\_\_\_

2. \_\_\_\_\_ age \_\_\_\_\_

3. \_\_\_\_\_ age \_\_\_\_\_

4. \_\_\_\_\_ age \_\_\_\_\_

Emergency contact other than parents:

1. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

2. Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Any additional information you would like to share? Allergies? Restrictions?  
Developmental concerns or diagnosis? (Continue on other side)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about The Children's  
Studio? \_\_\_\_\_

I give my permission to share my contact information with the other parents in my child's  
class. Yes \_\_\_\_\_ No \_\_\_\_\_

I give permission for pictures of my child taken at school or on outings during school to  
be used in promotional materials or on the Children's Studio website. Yes \_\_\_\_\_ No \_\_\_\_\_

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

Mail registration form and payment to:

Kirsten Heine  
1646 152nd Ave SE  
Bellevue, WA 98007