



Launch Cascade Vista Schedule Change Form 2025-2026:

Monthly Tuition & Fees	Schedule	Rate Per Month
Preschool – 3 Days a Week	Mon-Fri (6am-6:30pm)	\$1150
Preschool – 5 Days a Week	Mon-Fri (6am-6:30pm)	\$1750
School Age Before or After School – 3 Days a Week	Mon-Fri (6am-9am) or (3:10pm-6:30pm)	\$475
School Age Before or After School – 5 Days a Week	Mon-Fri (6am-9am) or (3:10pm-6:30pm)	\$560
School Age Before AND After School – 3 Days a Week	Mon-Fri (6am-9am) and (3:10pm-6:30pm)	\$570
School Age Before AND After School – 5 Days a Week	Mon-Fri (6am-9am) and (3:10pm-6:30pm)	\$720

Preschool Drop-ins: \$84 per day

School Age AM or PM Drop-ins: \$40 per day

School Age AM AND PM Drop-ins: \$55 per day

Should you need to make a schedule change or cancellation of childcare needs, **Launch requires a written Schedule Change Form by no later than the 20th of the month preceding the change.**

Site: _____

Parent/Guardian Name: _____

Child(ren)'s Name(s): _____

Schedule Change effective on the 1st of _____ (Month)

Mark Exact Schedule:

☐ Preschool – 3 Days a week: Select 3 days only: ☐ M ☐ T ☐ W ☐ Th ☐ F

☐ Preschool – 5 Days a week (all 5 days)

☐ Preschool – Drop-In Only (space not guaranteed)

☐ School Age – 3 Days a week: Select 3 days only: ☐ M ☐ T ☐ W ☐ Th ☐ F
☐ Before School ☐ After School ☐ Before & After

☐ School Age – 5 Days a week (all 5 days)
☐ Before School ☐ After School ☐ Before & After

☐ School Age – Drop-In Only (space not guaranteed)

☐ Will no longer attend Launch

If leaving Launch or changing from a regular schedule to drop-in only, please tell us why:

- | | |
|---|--|
| <input type="checkbox"/> A. Lost DSHS coverage | <input type="checkbox"/> D. Work schedule changed |
| <input type="checkbox"/> B. Lost city subsidy | <input type="checkbox"/> E. Too expensive |
| <input type="checkbox"/> C. Moving or changing schools | <input type="checkbox"/> F. Not happy with program |
| <input type="checkbox"/> G. Other (please specify): _____ | |

Suggestions/Comments:

Parent/Guardian Signature _____ Date: _____

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