

Community of Care Montessori Preschool/Pre-K

A Ministry of Light of the Hill United Methodist Church, 11304 136th St E, Puyallup, WA 98374, 253-845-4844, lothumc@comcast.net

Enrollment Form for 2021-2022 School Year **Must be returned with Student Information Form**

Child's Name _____ Gender _____ Birthdate _____

Address _____ City _____ Zip _____

How did you hear about us? _____ Age(s) of younger siblings _____

Parent Name _____

Address (if different than child)

Best phone number to reach you while child is in class

Email _____

Parent Name _____

Address (if different than child)

Best phone number to reach you while child is in class

Email _____

NOTE: At this time we are accepting registrations for morning class only.

When the morning class reaches capacity (12 students) we will open the afternoon class - Tu/ Wed/Thu, 12:30-3:00pm. Updates will be posted on our website and Facebook page (Community of Care Montessori). If afternoon is your preference, please call or email the office to get on the list. You'll be notified as soon as the class is opened.

- Tuesday/Wednesday/Thursday 9:00am-11:30am \$225.00 per month
 I'm interested in moving my child in the afternoon class, 12:30-3:00pm, should it open.

Tuition Agreement

Upon enrolling your child in Community of Care Montessori Preschool, please be certain that you understand and agree to the following tuition policy:

1. A non-refundable registration fee of \$125.00 is due at time application is accepted. Registration fees pay for special events, Montessori-specific learning materials, classroom supplies, and administration costs.
2. Tuition is due the 1st of each month. A late charge will be assessed after the 10th of each month.

NOTE: Preschool registration fee and tuition may be paid by check or by credit card online through our website, lightofthehillumc.org. On the home page click 'Give Online'.

3. A fee will be charged for any NSF checks
4. If it's necessary to withdraw my child from school, I will give the office administrator written notice 2 weeks prior. If withdrawal occurs after the middle of the month, that month's entire payment is required.
5. Monthly tuition dues are based on the cost of \$2,250, divided equally over the school year, September through June, and takes into consideration school holidays. A \$100 discount is applied for annual tuition when paid in full at the beginning of the school year.

Please sign below to indicate you have read and agree to the tuition agreement.

Parent/Guardian Name (print) _____ Signature _____

Date _____

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2021-22 Student Information Form **Must be returned with Enrollment Form**

Child's Name _____

Birthdate _____

List allergies (food, medication, or other): _____

List any chronic illnesses, special needs, or other health issues we should be aware of _____

Please note: Any prescription or over-the-counter medication to be administered at school MUST accompany a physician's order and signed Medication Consent Form.

Injury/Emergency Agreement

1) I give permission for the preschool staff to provide treatment in a situation where a minor injury has occurred (ie. scrape, minor cut).

Parent/Guardian Signature: _____ Date: _____

2) In the case of an emergency, I authorize my child to be transported to a hospital or emergency facility for treatment. In the event I am unable to be contacted, I further consent to medical, surgical and hospital care, treatment and procedures to be performed for my child when deemed necessary or advisable by a physician or aid car attendant to safeguard my child's health.

Parent/Guardian Signature: _____ Date: _____

3) Community of Care Montessori will be following state and local guidelines on how to respond to suspected and/or confirmed cases of COVID-19. I understand that if my child is showing any symptoms of COVID-19 he/she will need to stay home.

Parent/Guardian Signature: _____ Date: _____

The following individuals are allowed to leave the facility with my child. They may also be notified in the case of emergency should if I or Parent 2 is unreachable. (Use the back of the form, if necessary)

Authorized Individual(s)	Relationship	Phone Number
Parent 1:		
Parent 2:		
Other:		
Other:		
Other:		
Other:		