

Community of Care Montessori Preschool

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

Enrollment Application for 2017-2018 School Year **Must be returned with Student Information Form**

Child's Name _____ Gender _____ Birthdate _____

Address _____ City _____ Zip _____

Child's T-Shirt Size _____

Parent Name _____

Address (if different than child)

Home phone _____

Cell phone _____

Work phone _____

Please check best phone number to call while child is in school

Email _____

Parent Name _____

Address (if different than child)

Home phone _____

Cell phone _____

Work phone _____

Please check best phone number to call while child is in school

Email _____

I would like to register for:

- | | | |
|---|----------------|--------------------|
| <input type="checkbox"/> Monday/Wednesday/Friday | 9:00am-11:30am | \$210.00 per month |
| <input type="checkbox"/> Tuesday/Thursday | 9:00am-11:30am | \$170.00 per month |
| <input type="checkbox"/> Mon/Tue/Wed/Thurs/Fri | 9:00am-11:30am | \$380.00 per month |
| <input type="checkbox"/> Tuesday/Wednesday/Thursday | 12:30pm-3:00pm | \$210.00 per month |

A non-refundable registration fee of \$125.00 is due at time application is accepted. Registration fees pay for field trips, special events, t-shirt, Montessori-specific learning materials, classroom supplies, and administration costs.

By signing below, **I agree to pay tuition the 1st of each month**, September 2017 through June 2018. There will be a \$10.00 late fee after the 10th of each month. I understand that my registration fee is non-refundable.

If it's necessary to withdraw my child from school, I will give the office administrator written notice 2 weeks prior. If withdrawal occurs during the middle of the month, that month's entire payment is required.

Parent name (please print) _____ Signature _____

How did you hear about Community of Care Montessori? _____

Office Use Only: Date Received _____ Time _____ Reg. Fee \$125: cash check

Community of Care Montessori Preschool

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

2017-2018 Student Information Card **Must be returned with Application Form**

Child's Name _____ Birthdate _____

Dentist Name	
Dentist Phone	

Primary Care Provider Name	
Primary Care Provider Phone	

List allergies to food, medication, or other _____

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

In the case of an emergency, I/we authorize my/our 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 to ensure my child's health and safety.

Parent name (please print) _____ Signature _____ Date _____

The following individuals are allowed to leave the facility with my child.

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