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:

☐	Tuesday/Wednesday/Thursday	9:00am-11:30am	$210.00 per month
☐	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. (Annual tuition of $2100.00 is prorated at a monthly rate of $210.00. A $100 discount is applied for annual tuition paid in full at the beginning of the school year.)

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

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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:		