

# 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 \_\_\_\_\_

## I would like to enroll my child in:

- Tuesday/Wednesday/Thursday 9:00am-11:30am \$225.00 per month  
 Tuesday/Wednesday/Thursday 12:30-3:00pm \$225.00 per month

Note: A non-refundable registration fee of \$125.00 is due at time of enrollment in order to secure your child's spot in class

## 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 of enrollment. 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](http://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:		