

Community of Care Montessori Preschool/Pre-K 2026-27 Enrollment Form

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

Must be returned with Student Information Form & Photo Consent Form

Child's Name _____ Gender _____ Birthdate _____

Address _____ City _____ Zip _____

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

Parent/Guardian Name _____

Address (if different than child)

Best phone number to reach you while child is in class

Email _____

Parent/Guardian 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/Friday 9:00am - 11:30am \$358.00 per month

Tuesday/Wednesday/Thursday/Friday** 12:30pm - 3:00pm \$358 .00 per month

NOTE: A non-refundable registration fee of \$125 is required in order to secure your child's spot in class.

** *Minimum* number of students required to open a class: 6

If the minimum is NOT reached, your registration fee will be refunded

Tuition Agreement

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. **Monthly tuition dues are based on the annual cost of \$3,580, divided equally over the school year,** September through June, and takes into consideration school holidays. **Please note: Tuition rates may increase in January, based on the cost of living increases determined by the Washington State Department of Labor and Industries each fall. Paying the year in full (\$3,580) will lock in that rate and you will not be subject to additional costs as a result of the cost of living increase.**
3. 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, payable to LOTHUMC, or by credit card online through our website, lightofthehillumc.org. On the home page click 'Give Online'.
4. A fee will be charged for any NSF checks
5. 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.

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

Parent/Guardian Name (print) _____ Signature _____

Date _____

Release and Consent Form for Student's Photos

Community of Care Montessori and Light of the Hill United Methodist Church use websites, newsletters, pamphlets, and advertising to communicate with school families, prospective students, and the larger community. To enhance this experience we use photos to show student and family involvement in various activities.

In order for students' images to appear on Community of Care Montessori or Light of the Hill United Methodist Church's website, Facebook, or any publication, it is required, that we obtain parental permission.

Please check the boxes and sign below to authorize the acceptance or rejection of permission to publish your child's photograph or work (artwork, writings, etc.) on Community of Care Montessori or Light of the Hill United Methodist Church's website, Facebook, pamphlets, newsletters, and advertising.

Note:

Group photos of student without students' names may be published, but it is against Community of Care Montessori and Light of the Hill United Methodist Church's policy to publish any individual student photos without permission.

Please indicate your acceptance or rejection of permission to publish your child's individual photograph.

Children's names are never published

Please check one:

♥ Individual photo may be published. Yes No

♥ Individual photo with **face not clearly visible, ie: head down**, may be published. Yes No

♥ **Completely block** my child's head before publishing Yes No

♥ **No** pictures of my child may be published.

I hereby give authorization, as indicated above, and release Community of Care Montessori and Light of the Hill United Methodist Church from liability resulting from or connected with the publication of this information.

I also certify that I am the legal parent or guardian of the child/ren identified below.

Parent/Guardian Name (please print): _____

Signature: _____ Date: _____

Name of Student: _____