Stellar Montessori Academy

8029 State Ave, Marysville WA 98270 206-471-0488 contact@stellarmontessoriacademy.com

Registration Form

Registration Fee of $200 and one-month tuition deposit is due with this form.
Please note that Registration Fee & Deposit are not refundable

Student Details					
Child's Full Name		Preffered Name			
Birth Date		Age		Gender	
Father/Guardian Details					
Full Name		Email Address			
Home Phone		Cell Number		Work Number	
Home Address					
Employer's Address					
Mother/Guardian Details					
Full Name		Email Address			
Home Phone (if different from above)		Cell Number		Work Number	
Home Address (if different from above)					
Employer's Address					
EMERGENCY CONTACTS (OTHER THAN PARENT) AUTHORIZED TO PICK UP YOUR CHILD					
Contact1					
Full Name		Relationship			
Address					
Home Phone		Cell Phone			
Contact2					
Full Name:		Relationship			
Address					

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MEDICAL INFORMATION					
Physician's Name		Phone			
Address		Preferred Hospital			
Date of last exam		Date of last Tetanus or DTAP Immunization			
Medical Insurance		Insurance Number			
Dentist's Name		Phone		Date of Last Exam	
Address					
Allergies: (In case of allergies, please fill additional form signed by allergy doctor)					
Dietary Preferences					

_____ _____

Parent or guardian signature Date

_____ _____

Parent or guardian signature Date

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Schedule & Tuition

Registration & Material fee: $200 per year

Dawn to Dusk (8:00 AM – 6:00 PM)		
Days per week		**Monthly Tuition**
5	**M, T, W, Th, F**	**$1600**

Full-time (9:00 AM – 3:00 PM)		
Days per week		**Monthly Tuition**
5	**M, T, W, Th, F**	**$1200**
4	**M, T, W, Th**	**$1075**
3	**M, T, W**	**$900**
2	**T, Th**	**$750**

AM Part-time (9:00 AM – 12:00 PM OR 12:00 PM - 3:00 PM)		
Days per week		**Monthly Tuition**
5	**M, T, W, Th, F**	**$700**
4	**M, T, W, Th**	**$600**
3	**M, T, W**	**$485**
2	**Th, F**	**$400**

Before/After Care		
Hours		**Monthly Tuition**
3.00 PM - 6.00 PM	**M, T, W, Th, F**	**$400**
8.00 AM - 9.00 AM	**M, T, W, Th, F**	**$125**
Drop in		**$17hr or $75/day**

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Please select a program and preferred second language class:

Montessori Program:

- ☐ **Dawn to Dusk**
- ☐ **Full Time – 5 Days a Week**
- ☐ **Full Time – 4 Days a Week**
- ☐ **Full Time – 3 Days a Week**
- ☐ **Full Time – 2 Days a Week**
- ☐ **AM Part Time – 5 Days a Week**
- ☐ **AM Part Time – 4 Days a Week**
- ☐ **AM Part Time – 3 Days a Week**
- ☐ **AM Part Time – 2 Days a Week**
- ☐ **PM Part Time – 5 Days a Week**
- ☐ **PM Part Time – 4 Days a Week**
- ☐ **PM Part Time – 3 Days a Week**
- ☐ **PM Part Time – 2 Days a Week**

Before/After Care:

- ☐ **Before Care**
- ☐ **After Care**

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Parent/School Contract

Please read the Parent/School Contract and Sign Below. By signing this contract, you are accepting the terms.

Child's Full Name:		Parent/Guardian Full Name:	

SCHOOL POLICIES

1. I agree to check my child in/out each day. It is my responsibility to contact the office if I forget.
2. I agree to pay Stellar Montessori Academy a non-refundable registration/materials fee upon enrollment.
3. I agree to pay Stellar Montessori Academy one month deposit upon enrollment.
4. I agree to pay tuition on or before the 1st of every month.
5. If tuition is not received by the 5th of the month, a $10.00/day late fee will be charged.
6. A $25.00 fee will be applied for all returned checks.
7. I agree to give 30 days' written notice if I plan to withdraw my child. I understand that I am obligated to pay the tuition for the 30 days following the date that I give notice. It is my responsibility to notify the school by submitting a written notice or sending an email to the office. The 30 days will be calculated from the date the written notice is received.
8. If the school is not a good fit for my child Stellar Montessori Academy may request to withdraw my child for the reason/s outlined in the parent handbook.
9. I will follow all school policies, even if the policies may change anytime during the school year.
10. I am aware that, failing to follow school policies will result in disenrollment of my child from Stellar Montessori Academy with or without notice from the school.
11. I have read parent handbook and acknowledge that it is parent's/guardian's responsibility to read and follow the parent handbook carefully.

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12. I will read all school communication e-mails, newsletters and attend parent teacher conferences to keep track of my child's progress.

_____ _____

Parent or guardian signature Date

_____ _____

Parent or guardian signature Date

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Consent for Emergency Treatment

I hereby give permission for my child _____to

- Be given emergency treatment by a qualified staff member at Stellar Montessori Academy.
- Be transported by ambulance or aid car to an emergency center for treatment.
- Receive medical, surgical and hospital care, treatment and procedures by all licensed physicians or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health.

_____ _____

Parent or guardian signature Date

_____ _____

Parent or guardian signature Date

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Photo Permission Form

I give Stellar Montessori Academy permission to take pictures at the school/class during work time and use for website/flyers/Facebook/newsletters of my child.

_____

☐ Yes ☐ No

I give Stellar Montessori Academy permission to take pictures only for school related projects/yearbook of my child. _____

☐ Yes ☐ No

_____ _____

Parent or guardian signature Date

_____ _____

Parent or guardian signature Date