

GENERAL INFORMATION		
Child's Full Name:	Child's Name to be used:	
Child's Birth Date:	Age:	Gender:
Does child live with both parents: Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, with whom:	
Address: Zip:	Home Phone:	
Mother/Guardian Full Name:	Cell Phone:	Work Phone:
Mother/Guardian Employer:	Employer's Address:	
Father/Guardian Full Name:	Cell Phone:	Work Phone:
Father/Guardian Employer:	Employer's Address:	
Father's Primary Email Address for School Communication	Mother's Primary Email Address for School Communication:	
EMERGENCY CONTACTS (OTHER THAN PARENT). EMERGENCY CONTACTS ARE AUTHORIZED TO PICK UP YOUR CHILD		
Full Name:	Relationship to Child:	
Address:	Home Phone:	Cell Phone:
Full Name:	Relationship to Child:	
Address:	Home Phone:	Cell Phone:
MEDICAL INFORMATION AND CONTACTS		
Physician's Name:	Phone:	Date of last exam:
Address:	Date of last Tetanus or DTAP Immunization:	
Medical Insurance:	Medical Insurance Number:	Preferred Hospital:
Dentist's Name:	Phone:	Date of last exam:
Allergies:	Dietary Preferences (vegetarian, no beef, etc.):	
Medical and/or Emotional Problems:		
BACKGROUND INFORMATION		
Last school attended:	Address:	Phone:
Has your child been tested/evaluated for Special Education ie. gifted or learning disability including speech or language delays? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, please explain: Include who administered the testing and submit a copy of the evaluation.		
Child's interests and favorite activities:		

Specific fears, likes or dislikes your child has that might help us to know him/her better:

PROGRAM REGISTRATION

Toddler (18mo-3yrs)	Monday-Friday 8:30am-2:30pm	*Monday/Wednesday/Friday 8:30am-2:30pm	*Tuesday/Thursday 8:30am-2:30pm	Before School Care 7:30am-8:30am	After School Care 2:30pm-
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preschool (3yrs-5yrs)	Monday-Friday 9:00am-3:00pm	*Monday/Wednesday/Friday 9:00am-3:00pm	*Tuesday/Thursday 9:00am-3:00pm	Before School Care 7:00am-9:00am	After School Care 3:00pm-
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Preschool (3yrs-5yrs)	Monday-Friday 9:00am-1:00pm	*Monday/Wednesday/Friday 9:00am-1:00pm	*Tuesday/Thursday 9:00am-1:00pm	Before School Care 7:00am-9:00am	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

*** Some specialty classes are not available for part time (MWF or TR) schedules.**

Kindergarten -1 (5yrs-7yrs)	Monday-Friday 9:00am-3:00pm			Before School Care 7:00am-9:00am	After School Care 3:00pm-6:00pm
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

All Day Program Check with office for details. When changes are made to the All Day Program, you will be responsible for repaying the discounted amount for the months used.	Toddler Monday-Friday 7:30am-5:30pm			Preschool/Kindergarten/ 1 Monday-Friday 7:00am-6:00pm	
	<input type="checkbox"/>			<input type="checkbox"/>	

Comments:

Name of Person (if any) who referred you to TLC Montessori:

The following non-refundable fees must accompany this application: 1. \$250.00 Registration/Materials Fee
2. June 2018 tuition

Parent Signature:	Date:
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LIABILITY RELEASE

The undersigned has enrolled _____ to attend TLC Montessori school activities and participate in the programs offered. In consideration, the undersigned releases and discharged TLC Montessori, it's officers and employees from liability of any kind to the child or the undersigned for any loss or injury to the child while participating in school or extended day program activities. The undersigned agrees that this release is intended to be as broad as permitted under the law of the State of Washington and if any part of application is found unenforceable the remainder may be enforced in full.

Parent Signature:	Date:
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CONSENT FOR EMERGENCY TREATMENT/FIELD TRIP PERMISSION

I hereby give permission for my child _____ to:

- Be given emergency treatment by a qualified staff member at TLC Montessori.
- 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.
- Go on field trips scheduled and supervised by TLC Montessori.

Parent Signature:	Date:
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Please read the Parent/School Contract and initial in the gray box of each section.

By initialing each section and signing this contract you are accepting the terms.

Child's Full Name:	Parent/Guardian Full Name:
CHECK-IN/CHECK OUT	INITIAL:
I agree to check my child in/out each day. It is my responsibility to contact the office if I forget.	
TOILET TRAINING	INITIAL:
To attend the preschool or kindergarten program my child needs to be completely toilet trained and independent (no help needed) in the bathroom. To attend the toddler program my child does not need to be toilet trained. I will be responsible for the following diapering fee: \$35.00 (M-F), \$25.00 (M/W/F), or \$20.00 (T/Th) due with tuition on the first day of the month. The toddler teacher is responsible for determining if a child is toilet trained and no longer needs the diapering service. If my child is not able to use TLC's diapers due to an allergy or medical condition, I am required to get a note from their doctor. I understand that Pull-ups are not allowed in any of the classrooms.	
TUITION AND WITHDRAWAL AGREEMENT	INITIAL:
<ol style="list-style-type: none"> I agree to pay TLC Montessori a non-refundable registration/materials fee as well as a tuition deposit for June tuition upon enrollment. I agree to pay tuition on or before the 1st of every month. If the 1st falls on a weekend or holiday then tuition is due before the 1st. If tuition is not received by the 3rd of the month, a \$15.00 late fee will be charged. I will receive a 5% discount for the second child and additional children for the same family. The discount will be taken from the tuition of equal or lesser value. Tuition is based on the 10 month school year and tuition is due in full each month regardless of illness, weather closures or vacations. I will be charged \$12.00 per hour or portion of any hour if I drop my child off before the designated drop off time or after the designated pick-up time. A \$25.00 fee will be applied for all returned checks. 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. The policy for refunding June 2018 tuition is as follows: <ul style="list-style-type: none"> If I provide written notice of withdrawal before June 1, 2017 my June 2018 tuition will be refunded. If I provide written notice of withdrawal between June 1, 2017 and July 31, 2017 my June 2018 tuition will only be refunded if TLC can fill the seat that my child's vacancy created by August 31, 2017. If I provide <u>30 days written notice</u> of withdrawal August 1, 2017 or after, June 2018 tuition will only be refunded if TLC can fill the seat that my child's vacancy created within 30 days following the date I give notice. I am obligated to pay the tuition for the 30 days following the date I give notice. If I withdraw and reenroll my child within the same school year, I agree to pay a \$100.00 non-refundable registration fee and the June 2018 tuition if it was refunded. If I make changes (reduce schedule or cancel) to the All Day Program, I agree to repay the discounted amount for the months used. 	
BREAKS	INITIAL:
<ol style="list-style-type: none"> A \$52.00 per day fee applies to all students attending Miei Amici during winter, mid-winter, spring and June breaks. A \$42.00 per day fee will be charged to monthly Miei Amici users. A \$65.00 per day fee applies for late registration and is dependent on availability. I will be charged for any days that I sign up, regardless of whether my child attends or not. I understand that no refunds are given if my child does not attend. Based on enrollment, toddler students may join the primary and kindergarten students in the Activity Center. Toddler hours are 7:30am – 5:30pm. 	
VACATIONS	INITIAL:
<ol style="list-style-type: none"> TLC Montessori does not prorate tuition and does not give credits for any breaks or vacations during the school year. If a tuition payment is due during my vacation, I know that I must submit payment before I leave. Post-dated checks are accepted. I know that written notice is required for any extended absence of a month or longer. This needs to be submitted to the office prior to the absence. In order to guarantee a space in my child's classroom upon my return, all tuition must be paid with post-dated checks before my departure. If I choose not to pay to hold my child's placement, I understand that I am withdrawing from the program and (30) days written notice is required. 	
REDUCTION IN SCHEDULE	INITIAL:
I agree to give (30) days written notice if I plan to reduce my child's schedule and I understand that I am obligated to pay the current 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. I understand that my June prepaid tuition will be adjusted to reflect the new schedule only if TLC can fill the spot that my child's vacancy created within 30 days of my written notice.	
Parent/Guardian Signature:	Date: