Community of Care Montessori Preschool/Pre-K 2024-25 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   9:00am - 11:30am $250.00 per month

☐ Tuesday/Wednesday/Thursday/Friday**   12:30pm - 3:00pm $340.00 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

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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 $2,500 for morning class and $3,400 for afternoon class, **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.

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 _____

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2024-25 Student Information Form **Must be returned with Enrollment Form & Photo Consent 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 basic first aid in a situation where a minor injury has occurred (ie. scrape, minor cut).

   Parent/Guardian Signature:_____ Date: _____

2) In the case of an emergency, my child will be transported to a hospital or emergency facility for treatment. In the event I am unable to be contacted, I consent to medical, surgical and hospital care, treatment and procedures to be performed for my child when deemed necessary or advisable by a physician.

   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 I or Parent/Guardian 2 be unreachable. (Use the back of the form, if necessary)

Authorized Individual(s)	Relationship	Phone Number
Parent/Guardian 1:		
Parent/Guardian 2:		
Other:		
Other:		
Other:		
Other:		

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.

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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** may be published. _____Yes   _____No

♥ No pictures of my child may be published. _____

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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: _____