



Lake Meridian Montessori

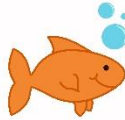
Registration Packet

Thank you for your interest in Lake Meridian Montessori Preschool. Please take the time to read through and fill out the enrollment packet in its entirety. We have accompanied this packet with a check list form to help when completed.

Instructions: This Admission Application Packet is comprised of the following seven (7) documents:

1. Programs offered with tuition fees
2. Enrollment Form
3. General Information
4. Medical & Emergency Consent
5. Field Trip info
6. Contract Agreement
7. Child Pickup form.

These documents, together, constitute our contract with you for the enrollment of your child at the Lake Meridian Montessori Preschool. Please carefully read and complete each document, adding your signature or initials where indicated. Additional information may be found in our Parent Handbook. Should you have any questions or concerns about this Admission Application Packet, please do not hesitate to contact us.



Programs (Tuition)

we are a year-round enrollment school

Name of child _____

Birthday _____

Please indicate which program your child will be doing

Preschoolers (3 – 6 years)

Preschooler must be toilet trained

Toddlers (2 – 3 years)

Discounts

Sibling discount: 5%

**Sibling discount will be applied for the older child's tuition*

5 days a week

- | | |
|---|--------|
| <input type="checkbox"/> 9 am – 3 pm (full day) | \$1200 |
| <input type="checkbox"/> 9 am – 12:00 pm (half day) | \$725 |
| <input type="checkbox"/> 12:30pm – 3:00 pm (half day) | \$675 |
| <input type="checkbox"/> After school care (3-5 pm) | \$300 |
| <input type="checkbox"/> Before school care (8-9 am) | \$150 |

3 days a week(M,W,F)

- | | |
|--|-------|
| <input type="checkbox"/> 9 am – 3 pm (full day) | \$900 |
| <input type="checkbox"/> After school care (3-5 pm) | \$250 |
| <input type="checkbox"/> Before school care (8-9 am) | \$125 |

2 days a week(T, Th)

- | | |
|--|-------|
| <input type="checkbox"/> 9 am – 3 pm (full day) | \$600 |
| <input type="checkbox"/> After school care (3-5 pm) | \$200 |
| <input type="checkbox"/> Before school care (8-9 am) | \$100 |

5 days a week

- | | |
|--|---------|
| <input type="checkbox"/> 9 am – 3 pm (full day) | \$1,400 |
| <input type="checkbox"/> 9am – 12:00 pm (half day) | \$900 |
| <input type="checkbox"/> After school care (3-5 pm) | \$350 |
| <input type="checkbox"/> Before school care (8-9 am) | \$175 |

3 days a week(M,W,F)

- | | |
|--|---------|
| <input type="checkbox"/> 9 am – 3 pm (full day) | \$1,100 |
| <input type="checkbox"/> After school care (3-5 pm) | \$300 |
| <input type="checkbox"/> Before school care (8-9 am) | \$150 |

2 days a week(T,Th)

- | | |
|--|-------|
| <input type="checkbox"/> 9 am – 3 pm (full day) | \$800 |
| <input type="checkbox"/> After school care (3-5 pm) | \$250 |
| <input type="checkbox"/> Before school care (8-9 am) | \$125 |



ENROLLMENT FORM

Date child entered care: ___/___/___
Date child left care: ___/___/___

Name Parent Prefer we use _____ Child's Date of Birth _____

Address _____

Telephone _____ Cell Phone _____

E-mail _____

FATHER

MOTHER

Name _____ Name _____

Address _____ Address _____

Home Phone _____ Home Phone _____

Employer _____ Employer _____

Work Phone _____ Ext. _____ Work Phone _____ Ext. _____

Work Days & Hours _____ Work Days & Hours _____

With whom does child live? Both Parents ___ Mother _____ Father _____ Other _____

Names and ages of other children in the home _____

Names, addresses, relationship, and phone numbers (home & work) of persons authorized to pick up your child from LAKE MERIDIAN MONTESSORI.

Name	Relationship	Address	Work Phone / Home Phone

Name	Relationship	Address	Work Phone / Home Phone

PLEASE NOTE: Written notification (or phone call) by parent or guardian must be given if anyone other than the above authorized person(s) will be picking up your child. Please take the time at registration (or first days of school) to introduce the teachers to the above authorized persons.

I authorize LAKE MERIDIAN MONTESSORI to provide care for my child(ren). I certify that the information provided in this registration form is correct to the best of my knowledge.

Signature of Parent or Legal Guardian Date

GENERAL INFORMATION

Child's Name: _____

Are there any special family circumstances or special concerns about your child's health or behavior of which we should be aware? _____

Classroom Volunteer:

Would you be willing to volunteer in the classroom if a staff member is out for the day? We would contact you that morning. Yes ___ No ___ If yes, what days of the week are you available? _____

Phone Chain:

If there is a reason (such as power outage or any emergency) all parents need to be contacted in the shortest amount of time; we use a Phone Chain. Everyone helps to contact each other. The Phone Chain with complete information is handed out in the early part of the school year.

Please give one (1) phone number for the Phone Chain. _____

Photo Use Permission:

Yes, I give permission for LAKE MERIDIAN MONTESSORI to use pictures of _____
for the purpose of public relations. Your Child's Name

No, I **do not** give permission for LAKE MERIDIAN MONTESSORI to use pictures of _____
for the purpose of public relations Your Child's Name

Signature of Parent or Legal Guardian

Date

Diversity Survey (Optional):

We are proud of the heritage and culture that your child is bringing to our school.

Family's Country of Origin _____

Native Language _____ Languages spoken in the Home _____

What is your child's experience prior to Lake Meridian Montessori/Co-Op? and for how long? _____

Traditional Preschool? _____ Montessori? _____ Other? _____

Are there any activities you do not wish your child to participate in?

What language or languages does your child speak at home?

Is your child interested in music? _____ art? _____ sports? _____ other? _____

What is your child's favorite activity?

How does your child relate to other children?

Other adults? _____

What kind of discipline do you find most effective?

What kinds of TV programs does your child watch?

How much time per day does your child watch TV? _____

Do you read to your child regularly? _____ When? _____

How does your child react to new situations?

What are your goals for your child while he/she is at Lake Meridian Montessori?

How did you hear about our school?

Friend/Word of Mouth _____ Sign on Road _____ Internet _____

Preschool Fair _____ Valpak Advertisement _____ Other _____

MEDICAL & EMERGENCY CONSENT

Child's Name _____

CONSENT FOR MEDICAL AND/OR SURGICAL TREATMENT

I hereby grant permission to LAKE MERIDIAN MONTESSORI to seek medical attention for my child named above in the event such treatment is deemed necessary when I cannot be contacted. I authorize and consent to medical, surgical, and hospital treatment and procedures to be performed for my child by physician, healthcare provider, aid care attendant when deemed necessary or advisable by the physician and aid care attended to safeguard my child's health. I wave my right of informed consent to such treatment. I also give my permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signature of Parent or Legal Guardian

Date

Home Phone / Work Phone / Cell Phone

Address

PLEASE COMPLETE:

Child's Physician _____ Physician's Phone _____

Child's last physical exam, if available _____ Child's last dental exam, if available _____

Date of last Tetanus (or DPT) immunization _____

Does your child have any allergies to medicines? No___ Yes___ If Yes, List _____

Does your child have any chronic diseases or other health problem that might interfere with emergency medical or surgical treatment? No___ Yes___ If Yes, List _____

Is there a Family history of asthma? No___ Yes___

Is Medication taken regularly? No___ Yes___ If Yes, List _____

Does your child have any environmental or food allergies? No___ Yes___

If Yes, List _____

EMERGENCY PROCEDURE

I give permission for the Director or Designee to remove my child named above from LAKE MERIDIAN MONTESSORI in the event of any emergency.

Signature of Parent or Legal Guardian

Date

If parent cannot be contacted, person(s) to contact in case of an emergency:

Name

Relationship

Work Phone

Home Phone

Name

Relationship

Work Phone

Home Phone



FIELD TRIPS FOR THE SCHOOL

To make things simpler and less work for you, we have decided to have one Permission Slip to cover all field trips for the school. Complete information about each field trip will still be in our newsletters. We will not have individual slips for each field trip. All those enrolled must turn in this permission slip. Please return it when you turn in your enrollment packet.

(Please cut along dotted line and return completed slip.)

PERMISSION SLIP FOR ALL FIELD TRIPS

I give permission for

to go on any field trips for the school.

(Signature of Parent/Guardians)

(Date)

Contract Agreement

Parent Name: _____ Child Name: _____

_____ initials **Registration:** I understand a \$150 non-refundable registration fee shall be charged upon enrollment. If I am enrolling my child a month or more in advance, a \$150 nonrefundable holding fee will be charged to secure my child's spot.

_____ initials **1/2 of First month(September) tuition and Material fee:** Once enrollment spot is confirmed, I understand that half of first month tuition and a \$100 yearly material fee is due in advance to complete the enrollment.

_____ initials **Attendance:** I understand that when I enroll my child, I am reserving a space for him or her on the days of the week that I commit to. My child may attend additional day(s) at the daily rate with prior approval from the director and teacher. I agree to notify staff anytime my child will be absent. There are no credits given for absences.

_____ initials **Holidays:** I understand that the LMM will be closed for the following holidays and one training day, and I will need to make alternate childcare arrangements. Additional planned closure days will be announced at least 1 month in advance. No credit or alternate days of care will be offered for holidays or training days.

- New Years Day
- Presidents' Day
- Memorial Day
- Independence Day
- MLK Day
- Veterans Day
- Labor Day
- Thanksgiving day & the day after
- Christmas Holiday break

_____ initials **School District:** We understand that LMM follows the Kent School District schedule and is closed for Christmas, winter and spring breaks.

_____ initials **Breaks & Inclement weather:** I understand that Lake Meridian Montessori is a year-round school. **Spring, winter & summer breaks will not be prorated.** My child's tuition is utilized to continue to pay teachers and funding during the time of absence. I understand that inclement weather will cause school closures with the knowledge that Lake Meridian's Montessori will do its best to have make-up day for days missed because of weather.

_____ initials **Monthly Payments:** I understand that my monthly payment of \$_____ is due on the 1st of each month. Rates are subject to change with 30 days notice. A late fee of \$25.00 will be assessed after the 5th of the month if tuition is not collected. *Written* payment plans will be considered if established by the 5th of the month and tuition is paid in full by the 25th of the month. I understand that if my child's fee is one month delinquent in payment he/she will not be allowed to attend the program until my account is current.

_____ initials **NSF:** I understand that there is a \$25.00 NSF charge for checks returned for non-payment. I understand if a check is returned for non-payment, all future payments must be made by cash or money order.

Contract Agreement (contd.)

_____ **Late Pick Up Fee:** I acknowledge there is a \$2.00 per minute per child late fee for picking up late.
initials

_____ **Withdrawal from program:** If I plan to withdraw my child from the program, I will submit written notice
initials 30 days prior to withdrawal. I understand that if I do not give prior **written notice**, I will be responsible for 30 days of my child's regularly scheduled time billed at the daily rate.

_____ We agree and understand that we are still responsible to pay our child's full tuition amount if we
initials choose to take a vacation during scheduled school dates.

_____ We understand and agree that, in the event an attorney is employed to collect any amount due
initials hereunder, we agree to pay all fees and costs incurred by LMM for the collection of the amount due (including reasonable attorney's fees and expenses), plus pre-judgment interest to the full extent allowed by law.

_____ We have read and agree to the school's policies and fees set forth in the Fee Schedule.
initials

_____ We have read LMM's Parent Handbook.
initials

Parent signature

Date

Director signature

Date

PLEASE RETURN THIS FORM TO SCHOOL WITH REGISTRATION PACKET



CHILD PICK UP FORM

Student	Driver names / relation to student / contact number	Vehicles (color, make, license plate #)

ENROLLMENT

Check List

Contents of Enrollment Packet:

- Program choice (Tuition) (1 page)
- General Information Form (2 pages)
- Washington State Department of Health Certificate of Immunization Form
- Medical & Emergency Consent Form (1 page)
- Field Trip Permission Slip Form (1 page)
- Sign Tuition Contract (1 page)
- Child Pick Up Form (1 page)
- Enrollment form checklist (1 page)

*All Forms must be filled out completely and returned with registration and tuition payment to enroll your child(ren) in our school.