



Preschool Registration 2020-2021 School Year

Enroll Date: _____ Leave Date: _____

Child				
First Name	Middle Name	Last Name	Nickname	Birthdate
Residing with: Mother _____ Father _____ Both _____ Other _____			Primary Language(s) Spoken at Home	
Family Religion:				
Siblings Names and Ages:			Name(s) of Previous School(s):	
Father/Guardian			Mother/Guardian	
First Name	Middle Name	Last Name	First Name	Middle Name
Home Street Address:			Home Street Address:	
City	State	Zip Code	City	State
Home Phone		Cell Phone	Home Phone	
Firm and Position		Work Phone	Firm and Position	
Address where you can be reached while child is in care:			Address where you can be reached while child is in care:	
Email:			Email:	
Choose most preferred contact method in case of emergency: <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email			Choose most preferred contact method in case of emergency: <input type="checkbox"/> Home phone <input type="checkbox"/> Cell phone <input type="checkbox"/> Work Phone <input type="checkbox"/> Email	
Other than you, who else has permission to pick up your child				
Name:		Address:		Home phone:
Relationship:				Cell phone:
Name:		Address:		Home phone:
Relationship:				Cell phone:
In case of an emergency, I give permission for any of the following individuals to be contacted and my child may be released to any of them.				
Parent Guardian signature:				
Name:		Address:		Home phone:
Relationship:				Cell phone:
Name:		Address:		Home phone:
Relationship:				Cell phone:
Who does not have permission to pick up your child? If applicable (A copy of supporting court document must be on file)				
Name		Reason		

Child's health information			
Date of child's last physical exam:		Child's health care provider:	
		Telephone number:	
Street address		City	Zip code
Special health problems? Yes or No? If yes, specify:		Allergies, including drug reactions. Yes or NO? If yes, specify:	
Regular medication? Yes or No? If yes, specify:		Other important information. Yes or No? If yes, specify:	
Child's dentist's name:			Telephone number:
Street address			City Zip code
Child's medical insurance coverage			
Insurance company name			Member/policy number
Policy holder name		Employer name	
Insurance company name			Member/policy number
Policy holder name		Employer name	
Consent to medical care and treatment of minor children			
I give permission that my child, _____, may be given first aid/emergency treatment by the child care licensee and/or qualified staff at: Name of Licensee: Address of Licensee:			
Parent/guardian signature:	Date:	Parent/guardian signature:	Date:
When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive 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. I certify under penalty of perjury under the laws of the State of Washington that this information is true and correct.			
Parent/guardian signature:	Date:	Parent/guardian signature:	Date:

School Program

- ☐ Monday – Friday: 9:00 am to 5:00 pm (Chinese & English Class)
☐ After care: 5:00 pm to 6:00 pm

Where did you learn of Shamrock Montessori? ☐ Friend ☐ School ☐ Sign ☐ Website ☐ Other
 Would you like to participate in a Montessori parenting class? ☐ Yes ☐ No

Fee Schedule (2020-2021)

Tuition may be paid in a single, semi-annual or annual payment as follows:

- Monday through Friday (2.5 through 6 yr. old)
 9:00 am to 5:00 pm (Chinese & English Class) --- ☐ \$15300 annually ☐ \$7950 semiannually ☐ \$1630 per month
- After care: 5:00 pm to 6:00 pm --- ☐ \$150 per month

Enrollment Fees:

Application/Registration fee: ☐ New Students: \$200 (non-refundable)
☐ Returning Students or Siblings: \$150 (non-refundable)
 \$_____ First Tuition Payment + Deposit (1st month + last month, non-refundable)

\$_____ Total Initial Fees Paid

Fees Policies (2020-2021)

Registration Fees:

A non-refundable registration fee of \$ 200 (\$150 for returning students or siblings) for the school year is due upon registration. The fee covers office registration procedures, classroom supplies, insurance and building/playground maintenance.

Sibling Discount:

We offer a 5% tuition discount to the second child's tuition enrolling together.

Payment Plans:

- Checks for tuition, due the 20th of the previous month, should be made payable to *"Shamrock Montessori, LLC"*. A **\$35 late fee** will be charged if the tuition is not received by the due day. Please deliver tuition payments to the tuition box, or mail to 907 145th PL SE, Bellevue, WA 98007.
- Annual payment due by June 20th. (discount applicable)
- Semiannually payment due by June 20th and January 20th of next year. (discount applicable)
- Monthly Payment Plan due on the 20th of each month.

Example:

Annual Plan:

Totally \$15500: Due by June 20th, 2020

Semiannual Plan: Totally \$16100

1st Payment: Due by June 20th, 2020: \$200 + \$7950 + \$1630 = \$9780

(Registration fee + 5 months tuitions + deposit)

2nd Payment – Due by January 20th, 2021: \$ 7950 - \$1630 = \$6320

(5 months tuitions - deposit)

Monthly Plan: Totally \$15200

1st Payment (Total Initial Fees) – Due by June 20th, 2020: \$200 + \$1630 + \$1630 = \$3460

(Registration fee + first month tuition + deposit)

2nd Payment – Due by September 20th, 2020 = \$1630

3rd Payment – Due by October 20th, 2020 = \$1630

Payment #4 – Due by November 20 th , 2020	=	\$1630
Payment #5 – Due by December 20 th , 2020	=	\$1630
Payment #6 – Due by January 20 th , 2021	=	\$1630
Payment #7 – Due by February 20 th , 2021	=	\$1630
Payment #8 – Due by March 20 th , 2021	=	\$1630
Payment #9 – Due by April 20 th , 2021	=	\$1630

(* The first full tuition payment (\$3460) is **due on June 20th**. If this payment is not received on time, your registration will be canceled and the registration fee is not refundable.)

Absent Days and Vacation Months

Shamrock Montessori observes normal federal holidays as the Bellevue public school district, and does not have make-up days or refunds for illnesses, absences or vacation. We base our budget on the monthly tuition from each child and need a guaranteed amount to meet our expenses.

School Schedule

School is in session September through June. School schedule is available in the office and on the school website. The summer session is from July to August.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

(*Both signatures are required)

Enrollment Contract

- We enroll our child, _____, in Shamrock Montessori and intend to complete the entire school year unless unforeseen condition arise.
- We understand that the Registration Fee is due upon registration and is non-refundable.
- We understand that Montessori is a 3 years program and children in Shamrock Montessori Kindergarten is recommended, but not required.
- We agree to give a 30-day notice of withdrawal of our child, we will forfeit our prepaid tuition deposit.
- We understand and agree to pay a \$35 late fee if our payment is not made by the due day.
- We understand that there is a \$2 per minute late fee charged if we pick up our child late.
- We agree that we are still responsible to pay our child's full tuition amount if we choose to take a vacation during school dates.
- We understand that our child may be photographed at Shamrock Montessori during normal daycare hours, field trips, or activities. We understand that these photographs may be used in promoting child care services, either in print or on the internet. ☐ Yes ☐ No
- We have read Shamrock Montessori Parent Handbook from school internet and turn in the signature form.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

(*Both signatures are required)