



Infant/Waddler Registration 2024-2025 School Year

Enroll Date: _____ Leave Date: _____

Notice:

All the fields on the form are required. Fill in "N/A" if not available.

Child					
First Name	Middle Name	Last Name	Chinese Name	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	Last Name
Home Street Address:			Home Street Address:		
City	State	Zip Code	City	State	Zip Code
Home Phone		Cell Phone	Home Phone		Cell Phone
Firm and Position		Work Phone	Firm and Position		Work Phone
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 (If your child doesn't have a dentist, you will need to turn in a BACKUP PLAN to school by licensing):		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: 8:45 am to 4:30 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 (2024-2025)

Tuition may be paid in a single, semi-annual or annual payment as follows (Lunch is included):

- Monday through Friday (2 mos. – 18 mos.)
8:45 am to 4:30 pm --- \$2880 per month \$13968 semiannually \$27360 annually

Registration fee: \$350 (Non-refundable)

Disaster supplies fee: \$30 (For new student. The survival kit includes a three-day supply of food and water with other necessary emergency tools.)

Fees Policies (2024-2025)

Registration Fees:

A non-refundable registration fee of \$ 350 for the school year is due upon registration. The fee covers office registration procedures, classroom supplies, insurance and building/playground maintenance.

Discount:

We offer a 3% tuition discount for semiannual payment.

We offer a 5% tuition discount for annual payment.

We offer a 5% tuition discount for siblings enrolling together to the lower tuition.

We offer a 10% tuition discount for Active-Duty Military.

(Discounts cannot be combined. The highest discount is applied)

Payment Policies:

- Payments for tuition, due on the 20th of the previous month, should be made through our online payment program. A \$35 late fee will be charged if the tuition is not received by the due day.
- Enrollment Fee (non-refundable):
For all students, registration fee + 1st month and last month deposit is non-refundable.
The enrollment Fee amount is \$350 (registration fee) + \$2880 (first month) + \$2880 (last month deposit) = \$6110.
- Enrollment will be canceled if the enrollment Fee is not received by the due date.

Example payment plans:

Annual Plan:

Totally \$27710: (Annual tuition + registration fee)

\$350 (registration fee) + \$2880 (first month) + \$2880 (last month deposit) Due by the time you registered + \$21600 Due by June 20th, 2024

Semiannual Plan: Totally \$28286

1st Payment \$6110:

\$2880 (deposit) + \$2880 (first month tuition) + \$350 (registration fee) Due by the time you registered

(Last month deposit + First month tuition + registration fee)

2nd Payment \$13968 - \$2880 = \$11088 Due by June 20th, 2024

(Semiannually 5 months tuitions – first month)

3rd Payment \$13968 - \$2880 = \$11088 Due by January 20th, 2025

(Semiannually 5 months tuitions - deposit)

Monthly Plan: Totally \$29150

1st Payment \$6110:

\$350 (registration fee) + \$2880 (first month) + \$2880 (last month deposit) Due by the time you registered

2 nd Payment – Due by September 20 th , 2024	=	\$2880
3 rd Payment – Due by October 20 th , 2024	=	\$2880
4 th Payment – Due by November 20 th , 2024	=	\$2880
5 th Payment – Due by December 20 th , 2024	=	\$2880
6 th Payment – Due by January 20 th , 2025	=	\$2880
7 th Payment – Due by February 20 th , 2025	=	\$2880
8 th Payment – Due by March 20 th , 2025	=	\$2880
9 th Payment – Due by April 20 th , 2025	=	\$2880

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 from September through June. The 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 conditions arise.
- We understand that the enrollment fee is due upon registration and is non-refundable.
- We agree to pay a \$30 DISASTER FEE includes a 3-day emergency kit for my child at school. This is a one-time fee for new students.
- We understand that Montessori preschool is a 3 year program. To get the receive the best outcome, Shamrock Montessori Kindergarten is recommended but not required.
- 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 for paying the full tuition amount if we choose to take vacations 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 the school website and turn in the signature form.

Father/Guardian's Signature

Date

Mother/Guardian's Signature

Date

(*Both signatures are required)