



Stellar Montessori Academy

2015 Richards Rd, Bellevue, WA 98005 425-445-4428

contact@stellarmontessoriacademy.com

Enrollment Form

Camps 2019

Camp tuition fees due with this form

Student Details					
Child's Full Name		Nick Name			
Birth Date		Age		Gender	
Father/Guardian Details					
Full Name		Email Address			
Home Phone		Cell Number		Work Number	
Home Address					
Employer's Address					
Mother/Guardian Details					
Full Name		Email Address			
Home Phone <small>(if different from above)</small>		Cell Number		Work Number	
Home Address <small>(if different from above)</small>					
Employer's Address					
EMERGENCY CONTACTS (OTHER THAN PARENT) AUTHORIZED TO PICK UP YOUR CHILD					
Contact1					
Full Name		Relationship			
Address					
Home Phone		Cell Phone			
Contact2					
Full Name:		Relationship			
Address					
Home Phone		Cell Phone			



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MEDICAL INFORMATION					
Physician's Name		Phone			
Address		Preferred Hospital			
Date of last exam		Date of last Tetanus or DTAP Immunization			
Medical Insurance		Insurance Number			
Dentist's Name		Phone		Date of Last Exam	
Allergies: (In case of allergies, please fill additional form signed by allergy doctor)					
Dietary Preferences					

Parent or guardian signature

Date

Parent or guardian signature

Date



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Mid Winter Break 2019

Build a Terrarium Feb 18th to Feb 22nd After care

Spring Break 2019

Growing a Seed Apr 8th to Apr 12th After care

Summer Camps 2019

Please choose one of the following weeks that your child would like to attend:

Schedule & Themes

<input type="checkbox"/>	Week 1	Jun 24 – Jun 28	Solar System
<input type="checkbox"/>	Week 2	Jul 1 – Jul 3 and Jul 5	Sun - our star
<input type="checkbox"/>	Week 3	Jul 8– Jul 12	Earth's Rotation and Revolution
<input type="checkbox"/>	Week 4	Jul 15 – Jul 19	Moon - Its phases
<input type="checkbox"/>	Week 5	Jul 22 – Jul 26	Gas Giants
<input type="checkbox"/>	Week 6	Jul 29 – Aug 2	Seasons
<input type="checkbox"/>	Week 7	Aug 5 – Aug 9	Bee Bots
<input type="checkbox"/>	Week 8	Aug 12 – Aug 16	Lego Camp
<input type="checkbox"/>	Week 9	Aug 19 – Aug 23	Cooking Week
<input type="checkbox"/>	Week 10	Aug 26 – Aug 30	Art Week



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Consent for Emergency Treatment

I hereby give permission for my child _____ to

- Be given emergency treatment by a qualified staff member at Stellar Montessori Academy.
- 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.

Parent or guardian signature

Date

Parent or guardian signature

Date



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Photo Permission Form

I give Stellar Montessori Academy permission to take pictures at the school/class during work time and use for website/flyers/Facebook/newsletters of my child.

Yes

No

I give Stellar Montessori Academy permission to take pictures only for school related projects/yearbook of my child. _____

Yes

No

Parent or guardian signature

Date

Parent or guardian signature

Date