Registration Form

Registration Fee and Material fee of \$150 and one-month tuition deposit is due with this form

Student Details							
Child's Full Name			Preffered 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 (if different from above)		Cell Number			Work Number		
Home Address (if different from above)							
Employer's Address							
EMERGENCY CON	TACTS (OTHER THAN	PARENT) AUTHO	RIZED TO PICK UF	P YO	UR CHILD		
Contact1		·					
Full Name			Relationship				
Address							
Home Phone			Cell Phone				
Contact2							
Full Name:			Relationship				
Address							

MEDICAL INFORMATION Physician's Name Phone Address Preferred Hospital Date of last Tetanus or DTAP Date of last exam Immunization Medical Insurance Insurance Number Date of Last Dentist's Name Phone Exam Address 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 2015, Richards Rd, Bellevue WA 98005

425-445-4428

contact@stellarmontessoriacademy.com

Schedule & Tuition

Registration & Material fee: \$175 per year

Dawn to Dusk (8:00 AM – 6:00 PM)			
Days per week		Monthly Tuition	
5	M, T, W, Th, F	\$1650	

Full-time (9:00 AM – 3:00 PM)			
Days per week		Monthly Tuition	
5	M, T, W, Th, F	\$1300	
4	M, T, W, Th	\$1110	
3	M, T, W	\$955	
2	T, Th	\$795	

AM Part-time (9:00 AM – 12:00 PM)			
Days per week		Monthly Tuition	
5	M, T, W, Th, F	\$860	
4	M, T, W, Th	\$725	
3	M, T, W	\$610	
2	Th, F	\$460	

PM Part-time (12:00 PM – 3:00 PM)			
Days per week		Monthly Tuition	
5	M, T, W, Th, F	\$675	
4	M, T, W, Th	\$595	
3	M, T, W	\$505	
2	Th, F	\$380	

Before/After Care			
Hours		Monthly Tuition	
3.00 PM - 6.00 PM	M, T, W, Th, F	\$350	
8.00 AM - 9.00 AM	M, T, W, Th, F	\$125	
Drop in		\$13/hr	

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Please select a program and preferred second language class:

Mon	tessori Program:
I	Dawn to Dusk
	Full Time – 5 Days a Week
	Full Time – 4 Days a Week
	Full Time – 3 Days a Week
	Full Time – 2 Days a Week
	AM Part Time – 5 Days a Week
	AM Part Time – 4 Days a Week
	AM Part Time – 3 Days a Week
	AM Part Time – 2 Days a Week
I I	PM Part Time – 5 Days a Week
	PM Part Time – 4 Days a Week
	PM Part Time – 3 Days a Week
	PM Part Time – 2 Days a Week
Befo	re/After Care:
	Before Care
	After Care

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Parent/School Contract

Please read the Parent/School Contract and Sign Below. By signing this contract, you are accepting the terms.

Child's Full Name:	Parent/Guardian Full Name:	

SCHOOL POLICIES

- 1. I agree to check my child in/out each day. It is my responsibility to contact the office if I forget.
- 2. I agree to pay Stellar Montessori Academy a non-refundable registration/materials fee upon enrollment.
- 3. I agree to pay Stellar Montessori Academy one month deposit upon enrollment.
- 4. I agree to pay tuition on or before the 1st of every month.
- 5. If tuition is not received by the 5th of the month, a \$10.00/day late fee will be charged.
- 6. A \$25.00 fee will be applied for all returned checks.
- 7. I agree to give 30 days' written notice if I plan to withdraw my child. I understand that I am obligated to pay the tuition for the 30 days following the date that I give notice. It is my responsibility to notify the school by submitting a written notice or sending an email to the office. The 30 days will be calculated from the date the written notice is received.
- 8. If the school is not a good fit for my child Stellar Montessori Academy may request to withdraw my child for the reason/s outlined in the parent handbook.
- 9. I will follow all school policies, even if the policies may change anytime during the school year.
- 10. I am aware that, failing to follow school policies will result in disenrollment of my child from Stellar Montessori Academy with or without notice from the school.
- 11. I have read parent handbook and acknowledge that it is parent's/guardian's responsibility to read and follow the parent handbook carefully.

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12. I will read all school communication e-mails, newsletters a track of my child's progress.	and attend parent teacher conferences to keep
Parent or guardian signature	Date
Parent or guardian signature	Date

Consent for Emergency Treatment

I hereby give permission for my child	to
• Be given emergency treatment by a qualified staff member	er 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 hospital when deemed immediately necessary or advisable be health. 	
Parent or guardian signature	Date
Parent or guardian signature	Date

Photo Permission Form

I give Stellar Montessori Acaduse for website/flyers/Faceboo	• •	•	e school/class duri	ng work time and
Yes		No		
I give Stellar Montessori Acad of my child.	lemy perr	nission to take pictures only	for school related	projects/yearbook
Yes		No		
Parent or guardian signature				Date
Parent or guardian signature				Date

Acceptance of COVID-19 Policies

Stellar Montessori Academy COVID-19 Policies

I have read and fully understand Stellar Montessori Academy's policies and procedures for Covid-19. I also understand that this document can be changed at any time to comply with health and safety requirements.

I understand that COVID -19 is a global pandemic and I release Stellar Montessori Academy LLC from liability for any unintentional exposure or harm due to COVID-19.

I understand that the safety, health and the well-being of children, families, and staff rely on my due diligence to keep myself and family following Social Distancing rules and guidelines set by the Governor, Department of Health and King county public health at any given time.

Parent Signature	Date
Parent Signature	Date