



# Stellar Montessori Academy

2015, Richards Rd, Bellevue WA 98005

425-445-4428

[contact@stellarmontessoriacademy.com](mailto:contact@stellarmontessoriacademy.com)

## Prep Registration Form

Registration Fee and Material fee of \$175 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 <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					

<https://stellarmontessoriacademy.com>

<https://www.facebook.com/StellarMontessoriAcademy>



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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	
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

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## 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	\$1835

### Full-time (9:00 AM – 3:00 PM)

Days per week		Monthly Tuition
5	M, T, W, Th, F	\$1485
4	M, T, W, Th	\$1300
3	M, T, W	\$1085
2	T, Th	\$915

### AM Part-time (9:00 AM – 12:00 PM)

Days per week		Monthly Tuition
5	M, T, W, Th, F	\$985
4	M, T, W, Th	\$830
3	M, T, W	\$700
2	Th, F	\$530

### 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:**

## Montessori Program:

- 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
- 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

**Please choose the second language class:**

- Mandarin
- Spanish

**Before/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:	
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### 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 and attend parent teacher conferences to keep track of my child's progress.

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or guardian signature

\_\_\_\_\_  
Date



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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



## 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.

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Parent Signature

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Date

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Parent Signature

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Date