



Columbia Crest Montessori

Learning, Striving, Ascending

Student Enrollment Application

Student Information

First Name	Last Name	Date of Birth	M F Gender
Residence Address		Program Applying	
City, State ZIP Code		Current School/Child Care Provider	
Home Phone	Work Phone	Preferred Email	

Parent/Guardian Information

Parent/Guardian Name	Parent/Guardian Name		
Relationship	Relationship		
Residence Address	Residence Address		
City, State ZIP Code	City, State ZIP Code		
Home Phone	Mobile Phone	Home Phone	Mobile Phone
Email	Email		
Work Phone	Email	Work Phone	Email
Occupation/Title	Employer	Occupation/Title	Employer

For Office Use Only

Payment/Check# (If Applicable)	Date Received
Class Details	Start Date



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Registration: A non-refundable fee of \$200 must accompany this application.

Tuition: Tuition can be paid in full at the beginning of the school year or in 10 monthly payments from September through June. Tuition is due on the fifth day of each month unless paid full in advance. If payment is received thereafter, a \$25 late fee shall be applied to your account and will be due no later than 10 days after payment due date. A one month's tuition is billed at the time of registration to reserve a spot. This payment will be applied towards the last month due for the registered school year.

Early Withdrawal: A 30 day written notice is required before withdrawing a child from the school or the tuition is still due.

Late Pick-up: A late pickup fee of \$10 every additional 10 minute will be charged after 6:30PM.

Age Category	<input type="checkbox"/> Little Learner (1 – 2 ½ yrs.) <input type="checkbox"/> Preschool (2 ½ – 5 yrs.)	<input type="checkbox"/> Kindergarten (5 – 6 yrs.)
Days & Timings	<input type="checkbox"/> 2 days (Tues/Thurs) <input type="checkbox"/> 3 days (Mon/Wed/Fri) <input type="checkbox"/> 5 days (Mon-Fri)	<input type="checkbox"/> Half Day AM (9:00AM – 11:30AM) <input type="checkbox"/> Half Day PM (12:45PM – 3:15PM) <input type="checkbox"/> Full Day (9:00AM – 3:15PM) <input type="checkbox"/> Full Day Extended (7:00AM – 6:30PM)

By signing this application, I agree to the regulations and procedures of Columbia Crest Montessori stated above and in the Parent Handbook. I understand that the fee accompanying this application is non-refundable, even if the child is not admitted.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

NON-DISCRIMINATION POLICY: Columbia Crest Montessori admits students of any race, color, nationality, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, nationality, or ethnic origin in administration of its educational policies, admissions policies, and other school administered programs.

18030 73rd Ave. NE, Kenmore WA 98028

Phone: (425) 485-KIDS (5437) Fax: (425) 485-5445 info@columbiacrestmontessori.com



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Medical Authorization

Hospital/Clinic Preference

Physician's Name

Phone Number

Dentist's Name

Phone Number

Insurance Company

Policy Number

Excellent Good Fair

Child's Health

Date of last Physical Exam

Measles Mumps Chicken Pox Other

Communicable diseases the child had

Allergies/Special Health Considerations

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

I give permission that my child may be given first aid/emergency treatment by a child care licensee and/or qualified staff at Columbia Crest Montessori.

I give permission for my child to go on field trips. I release Columbia Crest Montessori and individuals from liability in case of accident during activities related to Columbia Crest Montessori, as long as normal safety procedures have been taken.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

Student Name

Date of Birth

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Emergency Contact / Pickup Authorization

In the event that parent's/guardian's cannot be reached in case of an emergency I authorize the following personal to be contacted and permit pickup as specified below:

Emergency Pickup

Name

Relationship

Residence Address

Home/Mobile Phone

Emergency Pickup

Name

Relationship

Residence Address

Home/Mobile Phone

Emergency Pickup

Name

Relationship

Residence Address

Home/Mobile Phone

I have read, understand, and will abide by the statements below concerning the Student Release Policy:

- ✓ Children will be released only to individuals listed above.
- ✓ Children will not be released to any individual who is not listed above unless written consent is made to the school office prior to pick up.
- ✓ Photo Identification will be required for all authorized pickup.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

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Photo/Video Authorization

I authorize to take photographs/video of my child and for those images to be used by Columbia Crest Montessori in child's classroom.

I authorize to take photographs/video of my child and for those images to be in external parent communications such as newsletters.

I authorize to take photographs/video of my child and for those images to be used by Columbia Crest Montessori for the purpose of printed, digital, video or other mediums for the purposes of promotion and publicity for Columbia Crest Montessori. Those images shall be the property of Columbia Crest Montessori for any and all use.

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

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