

Joyful Scholars Montessori

2017-2018

A Bilingual Montessori School

Registration Checklist and Forms

Name of Child: _____ Grade: _____ Date: _____

1. Registration Form: _____
2. Medical Policy: _____
3. Pick-Up Authorization: _____
4. Picture and Field Trip Authorization: _____
5. Registration Fee and Payment Terms: _____
6. Tuition Contract: _____
7. Immunization Record
(or certificate of exemption): _____

Please complete forms and return to: Joyful Scholars Montessori School, 249 N. Mission or scan and email to info@joyfulscholars.org.

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Registration Form

Child's Name (First)_____ (Last)_____ Date of Birth_____

Address_____

Mother's or Guardian's Name_____ Phone # _____

Father's or Guardian's Name _____ Phone # _____

Email Address_____

Names and Birth Dates of Siblings _____

Doctor's Name_____ Phone # _____

Doctor's Address_____

Dentist's Name_____ Phone # _____

Dentist's Address_____

Insurance Co. _____ Policy # _____

Date of last physical exam_____

May doctor be contacted if the guardian is not available in an emergency? _____

Emergency Numbers (to be contacted if the guardian cannot be reached):

Name_____ Relationship_____ Phone # _____

Name_____ Relationship_____ Phone # _____

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Please answer the questions below. (If needed, please continue on back of this form.)

Describe your child's interests:

Does your child have any medical problems, dietary restrictions or developmental difficulties that we should be aware of?

Has your child had previous school or group experience? If yes, describe. For returning students, what was your child's favorite part of last year?

What are your goals for your child in this school? IS there anything in particular you wish we would address?

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Medical Policy

No child shall come to Joyful Scholars Montessori Elementary if any of the following are present within 24 hrs: A temperature (99°F or over), vomiting, skin eruptions, or unexplained ailments. If a child should suddenly become ill at school, the child will be isolated from other children and given a place to rest. A guardian of the sick child will be notified and asked to pick up the child immediately. In case of a severe medical emergency, an ambulance will be called and a guardian contacted. In a less-severe incident, first aid will be administered and a guardian notified.

Signature of Parent or Legal Guardian

Date

Consent For Medical Care and Treatment of Minor Children

I, _____ (the parent or legal guardian) hereby give permission so that my child, _____, may be given emergency treatment to include First Aid and/or CPR by a qualified staff member at Joyful Scholars Montessori Elementary. I further authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by my child's regular physician, or then that physician cannot be reached, by a licensed physician at Central Washington Hospital when deemed immediately necessary or advisable by a physician to safeguard my child's health when I cannot be contacted. I waive my right of informed consent to such treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency room for treatment.

Signature of Parent or Legal Guardian

Date

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Pick-Up Authorization

I hereby authorize the following people to pick up my child/children _____
_____ from Joyful Scholars Montessori Elementary. If there are any
changes in these arrangements, I will let the staff know in advance by written notice.

Name	Telephone #	Relationship
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Name	Telephone #	Relationship
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Name	Telephone #	Relationship
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If there are any people who specifically **may never pick up your child**, please note below:

Name	Telephone #	Relationship
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Signature of Parent or Legal Guardian	Date
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Picture Authorization

By signing below, I authorize Joyful Scholars Montessori (JSM), or anyone authorized by and working with JSM, to use photos that have been taken or will be taken of my child for JSM internal or external projects without any form of compensation to me or my child. I understand that the name of the minor child listed here will not be published, and that these photos will not be sold or used in any type of commercial venture, but that the photos may be used in association with JSM's promotional, education support, and/or non-profit fundraising activities. I further understand that these uses may include various electronic formats, Internet, and/or print publications. This authorization does not have an expiration or termination date and supersedes and replaces any previous photo/images permissions with JSM.

Child's Name

DOB

Signature of Parent or Legal Guardian

Date

Field Trip Authorization

I am willing _____ not willing _____ for my child/children to be taken on field trips, either on foot, by public transportation, or in an authorized vehicle, supervised by the teaching staff of Joyful Scholars Montessori Elementary.

Signature of Parent or Legal Guardian

Date

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Registration Fee and Payment Terms

- There is an annual enrollment fee of \$150 (non-refundable.) For returning students and their siblings, enrollment fee is \$100. This, along with a completed registration packet, will hold a spot for your child for the upcoming school year.
- A materials and activities fee of \$250 is due **August 3, 2018 with August payment for monthly payers**. This fee helps fund some field trips, JSM celebratory events, and consumable materials.
- **All monthly payments are due by the 3rd day of each month.** You may submit payment to the black payment box at JSM or you can mail payment to: Joyful Scholars Montessori, 249 N. Mission Wenatchee WA 98801. All monthly payments not received by the 3rd of the month shall be subject to a \$25 dollar late fee. If tuition is still delinquent by the 25th day of the month, the student will be withdrawn until the account is current. A \$35.00 NSF charge will be applied to all returned checks.
- **Illnesses and Vacations: Joyful Scholars Montessori does not give refunds or make-up days for days the student is absent due to illnesses, vacations (either personal or school), or for other personal reasons.**
- If you need to withdraw your child, a written notice is required 30 days prior to withdrawal. You must locate another student, if there are not students on the wait-list, to replace your child's spot. Until a replacement is found, you are responsible for monthly tuition. This allows us to set and follow an annual budget.
- Joyful Scholars Montessori enrolls students without regard to race, color, religion, gender, or national origin. All students are enrolled on a trial basis. The school reserves the right to remove a child from school if it is in the opinion of the staff and administrator that the child is not able to benefit from the program, or is a disturbing influence on the class.

Signature of Parent and/or Legal Guardian

Date

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Tuition

- Joyful Scholars accepts cash, checks or paypal via our website. A 3% fee will apply to payments made by card.
- Discounts offered for yearly payments.
- Tuition is collected for each month August (2017) through June (2018).
- Discounts and refunds are not offered for absences due to illness, vacation, or prearranged events.
- The Joyful Scholars school day runs 8:30-3:30.
- Before/After school care is offered (contact us separately for details).

	Full payment by Aug. 3rd (5% savings)	Monthly Payments: 3 rd of each month
Junior High (7 th & up)	by arrangement	by arrangement
Elementary (1 st -6 th grade)	\$5225	\$500
Primary (M-F 8:30-3:30 5yr)	\$5225	\$500
Primary (mornings or afternoons, 8:30-12:00 OR 12:00-3:30 3yr-4yr)	\$3400	\$325

Tuition Contract

I, _____, have read and understand the tuition expectations for Joyful Scholars Montessori. I commit to fulfilling the tuition obligations as long as my child attends Joyful Scholars Montessori, or until I withdraw my child (with 30 days notice) **and** find a student to fill his/her spot for the rest of the 2017-2018 school year.

Signature of Parent and/or Legal Guardian

Date

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Returning Student ONLY Update (one for each child)

I, _____, hereby agree to all terms in this agreement for the 2017-2018 school year, including consent for medical care and treatment, pick-up authorization, field trip authorization and tuition contract. My preference for picture authorization will default to my preference in the 2016-2017 school year unless noted below.

Please check one of the following:

- ☐ Immunizations are current per the State of Washington and JSM has this on file
- ☐ I have submitted a certificate of exemption per the State of Washington to JSM

Child's Name

DOB

Printed Name of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Date