



Columbia Crest Montessori

Learning, Striving, Ascending

Enrollment Application

Student Information

First Name	Last Name	Date of Birth	M F Gender
Residence Address		Current Classroom & Teacher	
City, State ZIP Code		Special Requests	
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
Branch / Class Details	Start Date

Kenmore Campus

📍 18030 73rd Ave. NE, Kenmore, WA 98028
📞 (425) 485-5437
✉ admissions@columbiacrestmontessori.com

Lake Stevens Campus

📍 8910 Vernon Rd, Lake Stevens, WA 98258
📞 (425) 622-9490
✉ admissions@columbiacrestmontessori.com



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Class Enrollment Information

Registration: A non-refundable fee of \$300 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"/> Infant (Birth – 12 months)	<input type="checkbox"/> Early Preschool (12 – 24 months)
	<input type="checkbox"/> Little Learner (12 – 24 months)	<input type="checkbox"/> Preschool (3 – 6 years)
Days & Timings	<input type="checkbox"/> 2 days (Tues/Thurs)	<input type="checkbox"/> Half Day (9:00 AM – 11:30 AM)
	<input type="checkbox"/> 3 days (Mon/Wed/Fri)	<input type="checkbox"/> Full Day (9:00 AM – 3:15 PM)
	<input type="checkbox"/> 5 days (Mon-Fri)	<input type="checkbox"/> Full Day Extended (7:00 AM – 6:30 PM)

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.

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Tuition Agreement

Students are admitted for the full academic year, and / or summer sessions. The obligation to pay the agreed tuition is not subject to adjustment for illness, absence or any other reason. If it becomes necessary to withdraw your child, written notice is kindly requested **THIRTY DAYS PRIOR TO WITHDRAWAL.**

Monthly tuition is payable on the first of the month. Late tuition will be subject to a \$10.00 late fee after the third of the month. There will be an additional \$2.00 per day after. Overlooked additional fees will result in a letter of request form from our office. Insufficient funded checks will have a \$25.00 fee

Hours for extended care are from 7:00 a.m. until 6:30 p.m. Students who arrive after 6:30 p.m. will be charged \$2.50 per 5 minutes late. Pay adult in charge at the time of pickup.

Columbia Crest Montessori School does not give credit for lost time for any reason (illness, vacations, Snow closure etc). Fall Session 195 school days.

If the undersigned has medical insurance, that policy will be considered primary for medical expenses incurred for accidental injury or illness.

Chronic misbehavior results in unhappy children, and a disruptive learning environment. When a child becomes disruptive, parents/guardians will be notified. If the behavior continues, guardians may be asked to seek professional guidance. Our responsibility to your child includes the obligation to limit this disruption from the learning experience. If a child cannot modify his/her behavior, you will be asked to remove your child from the school.

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Medical Authorization

Hospital/Clinic Preference

Physician's Name

Phone Number

Physician's Address

City, State ZIP Code

Dentist's Name

Phone Number

Dentist's Address

City, State ZIP Code

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 (Write none if no allergies, also list food preferences like vegetarian etc.)

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.

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Date

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Emergency Contact / Pickup Authorization

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

	<input type="checkbox"/>	<input type="checkbox"/>	
	Emergency	Pickup	
_____ Name			_____ Relationship
_____ Residence Address			_____ Home/Mobile Phone
	<input type="checkbox"/>	<input type="checkbox"/>	
	Emergency	Pickup	
_____ Name			_____ Relationship
_____ Residence Address			_____ Home/Mobile Phone
	<input type="checkbox"/>	<input type="checkbox"/>	
	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
_____ Student Name	_____ Date of Birth

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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.

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