

# NEW LIFE MONTESSORI SCHOOL

7416 127<sup>th</sup> PI SE Newcastle, WA 98056

425-226-6946

2020-2021 Registration Form

## Student Information

Date child entered:

Date child left:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Nickname: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Residing with (circle): Mother Father Both Other \_\_\_\_\_

## Parent Information

Father or Guardian

Mother or Guardian

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact #: \_\_\_\_\_

Contact #: \_\_\_\_\_

Employer: \_\_\_\_\_

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

## Emergency Contact Information

Name

Relationship

Daytime Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

## Pick Up and Delivery Authorization

I authorize the following persons to drive and pick up my child from New Life Montessori School. These people could be also authorized as alternative emergency contacts and they will be called if you cannot be reached. Please use a different phone number for each person.

Name

Relationship

Daytime Phone

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Other Information**

Primary Language at Home: \_\_\_\_\_ Secondary Language: \_\_\_\_\_

Sibling Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Birth date: \_\_\_\_\_

How did you hear about New Life Montessori School? \_\_\_\_\_

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Briefly describe your child's academic strengths and weakness, talents and special interests: \_\_\_\_\_

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What are your child's favorite activities? \_\_\_\_\_

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Are there any special issues in your child's history or special accommodations that the school should be aware of?

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Describe your child's social style in terms of his/her relationship to others (peers, adults, and family) in new setting and in familiar situations.

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Signature of Parent(s) \_\_\_\_\_ Date \_\_\_\_\_

I register my child, \_\_\_\_\_, in the 2020- 2021, 10-Month Tuition Plan listed below: Please circle the sessions and days you wish your child to attend.

Part Day (2½ years – Kindergarten)	Morning Class (9:00 to 12:00 noon)	Fee
4 days/week	M T W TH F	___ \$690
5 days/week	M T W TH F	___ \$735
All Day (2½ years – Kindergarten)	(9:00 to 3:00pm)	
4 days/week	M T W TH F	___ \$900
5 days/week	M T W TH F	___ \$1000

Registration Fees: \$150 Annual Registration Fee (non-refundable)  
Tuition Deposit (½ tenth payment) (non-refundable)

**Total Initial Fees Paid \$** \_\_\_\_\_

**Registration Fees**

Non-refundable registration fee of \$150 for the school year is due upon registration. This fee covers office registration procedures, classroom supplies, and insurance.

***Tuition and Fee Payment***

- Tuition may be paid in a lump sum or divided into ten (monthly) installments.
- Checks for tuition may be made payable to "New Life Montessori School". **A \$25 late fee will be due if the tuition is not received by the 5<sup>th</sup> of the month.**
- ½ of the tenth tuition payment is due at the time of registration. The second half of the tenth payment is due May 25, 2021.

***Sibling Discount***

We offer a 5% discount from tuition of sibling with lesser tuition.

***Late Pick-up Fee***

There is a \$5 late fee assessed for every 5 minutes you are late picking up your child from school, payable that day.

**Misc Fee**

There is a \$100fee per month for those who are not potty trained or with training pants or pull ups.

**I have read and agree to all of the above conditions:**

\_\_\_\_\_ Mother's Signature

\_\_\_\_\_ Date

\_\_\_\_\_ Father's Signature

\_\_\_\_\_ Date

# New Life Montessori School Tuition Agreement

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I enroll my child, \_\_\_\_\_, in New Life Montessori School's full 9½-month school program and intend to complete the entire school year unless unforeseen circumstances arise.

I understand that Montessori is a 3-year program and that registration of my child in the New Life Montessori Kindergarten is expected, but not required.

I understand and agree that the registration fee is due upon registration and is non-refundable.

I agree to pay monthly tuition payment by the 25<sup>th</sup> of each month, at the time of registration through May 2019. **I will pay a \$25 late fee after the fifth of any month.** If an unpaid account is not cleared for two weeks following the due date, we will have to terminate your child's attendance after that time until all payments are brought up to date.

I understand and agree that ½ of the tenth payment is due [August 14, 2020](#), or upon registration, and is non-refundable. The second ½ of the tenth payment is due on [May 25, 2021](#).

I agree to give a 30-day notice of withdrawal of my child prior to withdrawal, and to pay in full for that month. (Both parents must sign the school withdrawal form)

**If I withdraw my child before June 11, 2021, I forfeit my prepaid ½ of the tenth payment.**

Payments can be made in cash or check.

There are no refunds for absences, illness or snow days.

There is a \$35.00 non-sufficient funds/returned fee.

**New Life Montessori School follows the Renton School District schedule and is closed for winter and spring break and Christmas vacation. Tuition is calculated according to the number of actual school days in a school year and does not include holidays, vacations, and conference days. Therefore, the tuition for months with breaks or vacation is payable in full and no discount will be applied.**

In the event it becomes necessary for New Life Montessori School to retain the services of an attorney for collection of any payment due under the terms of this contract, whether suit be brought or not, and including costs and fees for an appeal of a lower court decision, I agree to pay said attorney fees and any cost incurred in the collection.

I have read and agree to the school's policies and fees. (Note: Both signatures are required.)

\_\_\_\_\_  
Mother's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father's Signature

\_\_\_\_\_  
Date

# New Life Montessori School

## Medical Release

**THESE QUESTIONS ARE DESIGNED TO HELP US PROVIDE YOUR CHILD WITH THE BEST POSSIBLE CARE. ALL RESPONSES ARE CONFIDENTIAL.**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Last Physical: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date of Last Dental Exam: \_\_\_\_\_

Does your child have: Asthma \_\_\_\_ Hay Fever \_\_\_\_ Hives \_\_\_\_?

Has your child had any of the following:

Chickenpox _____	Measles _____	Mumps _____
Tonsillitis _____	Hepatitis _____	Diabetes _____
Heart Trouble _____	Convulsions _____	Fainting Spells _____
Ear Infections _____	Vision Problem _____	Hearing Problem _____

Any medication allergies? If so, please describe the reaction: \_\_\_\_\_

Any food or environmental allergies? \_\_\_\_\_

Is your child taking any type of medication? \_\_\_\_\_

Does your child have any health or other problems – please describe such as ADD – Hyperactivity, heart, liver, kidney, bladder, frequent infections, behavior, or developmental?

### Consent to Medical Care and Treatment of Minor Children

I hereby give permission that my child, \_\_\_\_\_, may be given emergency treatment by a qualified child care provider at New life Montessori School 7416 127<sup>th</sup> PI SE Newcastle WA 98056.

When I cannot be contacted, I authorize and consent to medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician, health care provider, hospital or aid car attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right of informed consent to such treatment.

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

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Certificate of Immunization Status:** According to Washington State Law you are required to file your child's immunization status prior to enrollment in the school. New Life Montessori School uses the Washington State Department of Health Form "Certificate of Immunization Status" for students and such form will be provided to you prior to your child receiving education services at NLMS. This form must be filled out by the appropriate parties indicated on the form.