

**Enrollment Application 2025-2026 School Year**

**GENERAL INFORMATION**

Child's Full Name: Last, First Middle	Name used:
Child's Birth Date:	Age: Gender:
Does child live with both parents: Yes <input type="checkbox"/> No <input type="checkbox"/>	If not, with whom:
Address: Zip:	Home Phone:
Parent/Guardian I Full Name:	Relationship to Child:
Cell Phone: Work Phone:	Email Address:
Parent/Guardian I Employer:	Employer's Address:
Parent/Guardian II Full Name:	Relationship to Child:
Cell Phone: Work Phone:	Email Address:
Parent/Guardian II Employer:	Employer's Address:

**EMERGENCY CONTACTS (OTHER THAN PARENT): EMERGENCY CONTACTS ARE AUTHORIZED TO PICK UP YOUR CHILD**

Full Name:	Relationship to Child:
Address:	Home Phone: Cell Phone:
Full Name:	Relationship to Child:
Address:	Home Phone: Cell Phone:

**MEDICAL INFORMATION AND CONTACTS**

Medical care provider:	Phone:	Date of last exam, if available:
Address:	Preferred Medical Care Facility, if any:	
Dental care provider:	Phone:	Date of last exam, if available:
Address:	Preferred Dental Care Facility, if any:	
<b>Allergies:</b> *An individual care plan is required for any serious food allergies and/or medical conditions.	Dietary Restrictions (vegetarian, no beef, etc.):	

Medical and/or Emotional Conditions:

**BACKGROUND INFORMATION**

Last school attended: Phone:

Has your child been tested/evaluated for Special Education i.e. gifted or learning disability, including speech or language delays? If yes, please explain: **Include who administered the testing and submit a copy of the evaluation.** Yes  No

Child's interests and favorite activities:

Specific fears, likes or dislikes your child has that might help us to know them better:

**PROGRAM REGISTRATION**

\*Some specialty classes are not available for part time (MWF or T & Th) schedules.

<b>Toddler</b> (18-36 months)	Mon-Fri 8:30 am-2:30 pm	* Mon/Wed/Fri 8:30 am-2:30 pm	* Tues/Thurs 8:30 am-2:30 pm	Before School Care 8:00 am-8:30 am	After School Care 2:30 pm-5:00 pm
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Preschool</b> (3-5 years old)	Mon-Fri 9:00 am-3:00 pm	* Mon/Wed/Fri 9:00 am-3:00 pm	* Tues/Thurs 9:00 am-3:00 pm	Before School Care 8:00 am-9:00 am	After School Care 3:00 pm-6:00 pm
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Preschool</b> (3-5 years old)	Mon-Fri 9:00 am-1:00 pm	* Mon/Wed/Fri 9:00 am-1:00 pm	* Tues/Thurs 9:00 am-1:00 pm	Before School Care 8:00 am-9:00 am	After School Care Starts at 3:00 pm
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Kindergarten-1</b> (5-7 years old)	Mon-Fri 9:00 am-3:00 pm	* No early release on Wednesdays or Leap Days.		Before School Care 8:00 am-9:00 am	After School Care 3:00 pm-6:00 pm
	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Comments:	Name of Person (if any) who referred you to TLC Montessori:
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**MEDIA AND INFORMATION RELEASE**

1. I give TLC permission to use photos or videos of my child, \_\_\_\_\_, taken during class time or school events for use within the school, school newsletters, and/or TLC's website or marketing. (For our marketing use, you will always be contacted for approval first).  
(child's full name)

2. I give permission for my family's contact information (name and email) to be shared with other TLC families (for internal distribution only).

\*This section must be completed and signed for registration. To opt out, please email the office by the first day of class.

Parent/Guardian Signature:	Date:
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**LIABILITY RELEASE**

The undersigned has enrolled \_\_\_\_\_ to attend TLC Montessori school activities and participate in the programs offered. In consideration, the undersigned releases and discharges TLC Montessori, its officers, and its employees from liability of any kind to the child or the undersigned for any loss or injury to the child while participating in school or extended day program activities. The undersigned agrees that this release is intended to be as broad as permitted under the law of the State of Washington, and if any part of the application is found unenforceable, the remainder may be enforced in full. I acknowledge the possible risk of exposure to, and illness from, infectious diseases such as Covid-19, by attending TLC.  
(child's full name)

Parent/Guardian Signature:	Date:
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**CONSENT FOR EMERGENCY TREATMENT/FIELD TRIP PERMISSION**

I hereby give permission for my child \_\_\_\_\_ to:

- Be given emergency treatment by a qualified staff member at TLC Montessori.
- 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 hospitals when deemed immediately necessary or advisable by a physician in order to safeguard my child's health.
- Go on field trips scheduled and supervised by TLC Montessori.

Parent/Guardian Signature:	Date:
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Please read the Parent/School Contract below and initial on the line next to each number. By initialing each section and signing this contract, you are accepting the terms.

**TUITION AND WITHDRAWAL AGREEMENT**

All students accepted at TLC Montessori are considered bound and registered for the entire length of the academic school year. This enables TLC to make long term plans, teacher employment commitments, and offer a fixed rate tuition structure. Therefore, tuition payments are not transferable or refundable. In the unlikely event our region experiences an unforeseen economic down turn, natural disaster, global pandemic, or other events that may impact enrollment, we reserve the right to make adjustments to the academic program in an effort to operate within budget during the school year. Tuition is an annual charge to be paid in **ten equal monthly payments** due in its entirety regardless of absence due to illness, vacation, breaks, holidays, or any emergency closures (i.e., weather, power outage, public health emergency such as pandemic).

- \_\_\_\_\_ 1. To hold my child's spot at TLC Montessori, I agree to pay the registration fee and a security deposit equal to one month's tuition, which will be credited towards June tuition (the last month of the school year), at the time of registration. If I register before May 31<sup>st</sup>, September's tuition (the first month) is due by June 1<sup>st</sup>. If I register after June 1<sup>st</sup>, the first month's tuition is also due at the time of the registration. **All fees and tuition payments are non-refundable.**  
 Initial
- \_\_\_\_\_ 2. I agree to pay tuition on or before the 1<sup>st</sup> of each month. If the 1<sup>st</sup> falls on a weekend or holiday, then tuition is due **before** the 1<sup>st</sup>. I understand that a \$25 late fee will be charged starting on the 2<sup>nd</sup> of the month, and a \$50 fee will be charged for any returned checks.  
 Initial
- \_\_\_\_\_ 3. TLC Montessori does not prorate tuition or provide credits/refunds for breaks, closures, illnesses, or vacations during the school year. I understand that I still must pay tuition on time if I am vacation or my child is absent. Post-dated checks or payments through Zelle are accepted.  
 Initial
- \_\_\_\_\_ 4. I agree to give 30 days' written notice if I plan to reduce my child's schedule (depending on availability), and I understand that I am still obligated to pay the current 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. I understand that my one-month tuition deposit will not be adjusted to reflect the new schedule.  
 Initial
- \_\_\_\_\_ 5. I will receive a 10% family discount on my second child's tuition (of equal or lesser value) enrolled at the same time. This discount is for tuition only; it does not apply to extended care, milk, diaper, or other fees.  
 Initial
- \_\_\_\_\_ 6. If I arrive after the designated pick-up time for my child's program, I will be charged the \$5.00 per minute late fee.  
 Initial
- \_\_\_\_\_ 7. After school care closes at 5:00 pm for Toddler students and 6:00 pm for Preschool and K-1 students. If I arrive late, I will be charged the \$5.00 per minute late fee.  
 Initial
- \_\_\_\_\_ 8. Provided that this signed contract and payment of registration fees and deposit are received, TLC guarantees a place for my child as of the commencement date (school year is from September – June, see school calendar for start and end dates). Upon signing, at least 30 days written notice of withdrawal is required, regardless of whether my child has attended or not. No tuition payments will be refunded for early withdrawal. Tuition must be paid for the following 30 days after the written withdrawal notice is received.  
 Initial
- \_\_\_\_\_ 9. TLC Montessori reserves the right to makes changes to the school's operation hours as needed due to unforeseen circumstances (i.e. weather, power outage, or public health emergency such as a pandemic).  
 Initial

**BREAKS**

- \_\_\_\_\_ 1. TLC Montessori will be open from 8 am - 5 pm during school breaks (winter, mid-winter, spring, and June) and conference days. Optional childcare (Miei Amici) will be available at an additional fee. Registration forms for Miei Amici will be sent out prior to each break. Late fees will apply for registration received after the due date and is dependent on availability.  
 Initial
- \_\_\_\_\_ 2. I will be charged for any days that I sign up, regardless of whether my child attends or not. I understand that no refunds or credits are given if my child does not attend.  
 Initial
- \_\_\_\_\_ 3. Based on enrollment, toddler students may join the primary students in the Activity Center.  
 Initial

Child's Full Name:

Parent/Guardian Full Name:

Parent/Guardian Signature:

Date: