

Enrollment Application 2026-2027 School Year

GENERAL INFORMATION			
Child's Full Name:		Last, First Middle	Name used: (Nickname)
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:	
Allergies: <input type="checkbox"/> No known allergies <input type="checkbox"/> Mild Food Sensitivity: _____		Dietary Restrictions (vegetarian, no beef, etc.):	
<input type="checkbox"/> Diagnosed* Allergy/Intolerance: _____ Requires Epipen? Yes <input type="checkbox"/> No <input type="checkbox"/>		Medical and/or Emotional Conditions:	
*An individual care plan (signed by healthcare provider) is required for any diagnosed allergies and 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 <input type="checkbox"/> No <input type="checkbox"/>
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.					
Toddler (18-36 months)	Mon-Fri 8:30 am-2:30 pm <input type="checkbox"/>	* Mon/Wed/Fri 8:30 am-2:30 pm <input type="checkbox"/>	* Tues/Thurs 8:30 am-2:30 pm <input type="checkbox"/>	Before School Care 8:00 am-8:30 am <input type="checkbox"/>	After School Care 2:30 pm-5:00 pm <input type="checkbox"/>
Preschool (3-5 years old)	Mon-Fri 9:00 am-3:00 pm <input type="checkbox"/>	* Mon/Wed/Fri 9:00 am-3:00 pm <input type="checkbox"/>	* Tues/Thurs 9:00 am-3:00 pm <input type="checkbox"/>	Before School Care 8:00 am-9:00 am <input type="checkbox"/>	After School Care 3:00 pm-6:00 pm <input type="checkbox"/>
Preschool (3-5 years old)	Mon-Fri 9:00 am-1:00 pm <input type="checkbox"/>	* Mon/Wed/Fri 9:00 am-1:00 pm <input type="checkbox"/>	* Tues/Thurs 9:00 am-1:00 pm <input type="checkbox"/>	Before School Care 8:00 am-9:00 am <input type="checkbox"/>	After School Care Starts at 3:00 pm
Kindergarten-1 (5-7 years old)	Mon-Fri 9:00 am-3:00 pm <input type="checkbox"/>	* No early release on Wednesdays or Leap Days.		Before School Care 8:00 am-9:00 am <input type="checkbox"/>	After School Care 3:00 pm-6:00 pm <input type="checkbox"/>
Comments:			Name of Person (if any) who referred you to TLC Montessori:		

MEDIA AND INFORMATION RELEASE	
I give permission for my child, _____, to be included in photos/videos taken at school and school events to be shared in classroom emails, school newsletters, and general school publications. I also give permission for my family's contact information (name and email) to be shared with other TLC families (internal distribution only). <small>(child's full name)</small>	
Parent/Guardian Signature:	Date:

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. <small>(child's full name)</small>	
Parent/Guardian Signature:	Date:

CONSENT FOR EMERGENCY TREATMENT/FIELD TRIP PERMISSION	
I hereby give permission for my child _____ to: <small>(child's full name)</small>	
<ul style="list-style-type: none"> • 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:

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 downturn, 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 2027 tuition (the last month of the school year), at the time of registration. If I register before May 31st: September 2026 tuition (the first month) is due by June 1st, 2026. If I register after June 1st: the first month's tuition is also due at the time of the registration. **All enrollment fees and tuition payments are non-refundable.**
 Initial _____
- _____ 2. I agree to pay tuition on or before the 1st of each month. If the 1st falls on a weekend or holiday, tuition is due before the 1st. I understand that a \$25 late fee will be charged on the 2nd of the month, and beginning on the 3rd, an additional \$5 late fee will be added each day until payment is received. I understand that 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 on 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 5:00pm for Toddler students and 6:00pm for Preschool and K-1 students. I understand that 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 through the full school year (September 2026 - June 2027, see school calendar for exact start and end dates). Upon signing, a minimum of 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. All tuition due within the 30-day notice period must be paid.
 Initial _____
- _____ 9. TLC Montessori reserves the right to make 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: _____