



# Compass Montessori School

1610 SW Dash Point Rd, Federal Way, WA 98023

Phone: (253) 835-7755 | Fax: (253) 838-4996

Email: fwcompass@gmail.com | Website: www.federalwaymontessori.com

# REGISTRATION FORM

### CHILD'S INFORMATION

Child's full name		Nickname used	Birthdate
Residing with (circle one): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Other: _____			
Street address		City	ZIP
			Home phone ( ) -
<i>Please circle the days/times you wish to attend:</i>			
Full Day:	Mon.	Tues.	Wed.
	Thurs.	Fri.	9:00AM-3:30PM
Half Day:	Mon.	Tues.	Wed.
	Thurs.	Fri.	9:00AM-12PM or 12:30PM-3:30PM
Before Care:	Mon.	Tues.	Wed.
	Thurs.	Fri.	Hours: _____
After Care:	Mon.	Tues.	Wed.
	Thurs.	Fri.	Hours: _____
<i>Please select which weeks you will attend:</i>			
___ July 1-5: The Mighty Jungle (No school July 4-5)		___ July 29-August 2: Under the Sea	
___ July 8-12: Mad Scientist		___ August 5-9: Little Picassos	
___ July 15-19: The Art of the Brick		___ August 12-16: To Infinity & Beyond!	
___ July 22-26: DinoROAR!			

### PARENTS' INFORMATION

Name	Mother:	Father:
Occupation		
Employer		
Cell phone	( ) -	( ) -
Work phone	( ) -	( ) -
Email address		
Address you can be reached while child is in care		

Other than you, who else has permission to pick up your child?

Name / Relationship	Address	Telephone number	
Name: Relationship:		Home Cell Alternative	( ) - ( ) - ( ) -
Name: Relationship:		Home Cell Alternative	( ) - ( ) - ( ) -
Name: Relationship:		Home Cell Alternative	( ) - ( ) - ( ) -

**In case of an emergency, I give permission for any of these individuals to be contacted and my child may be released to any of them.**

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If applicable, who does not have permission to pick up your child? A copy of supporting court document must be on file.

Name	Reason

Where did you learn about Compass Montessori School?  Drive/Walk-by  Online ad  Referral: \_\_\_\_\_  Website

**PERSONAL RECORD**

*The following information will be beneficial to the director and the teachers working with your child, and will enable us to be more effective in dealing with different problems and situations as they arise. Please be assured that all information will be kept confidential.*

Previous child care experience:

Special eating habits:

Favorite foods:

Sleep habits

- Usual naptime span:
- Special toys:

Does your child have a special activity he/she excels in?

Child's fears and apprehensions:

Other classes child attends (music, dance, etc):

Special family situations (such as custody specifications, trigger warnings, etc):

Brother/s and sister/s living with child:

Other people your child frequently sees (name and age):

Positive disciplinary tactics used at home:

Parental expectations of the school:

Anticipated adjustment problems:

Additional comments:

**CHILD'S HEALTH INFORMATION**

Child's primary doctor

Date of child's last physical exam

Street address

City

ZIP

Telephone number

( ) -

Special health problems? Yes or No  
If yes, please specify:

Allergies, including drug reactions? Yes or No  
If yes, please specify:

Regular medications? Yes or No  
If yes, please specify:

Other important medical information

Child's dentist's name

Date of child's last dental exam

Street address

City

ZIP

Telephone number

( ) -

**CHILD'S MEDICAL INSURANCE COVERAGE**

Insurance name	Member/Policy number
Policy holder name	Employer name
Insurance name	Member/Policy number
Policy holder name	Employer name

**CONSENT TO MEDICAL CARE AND TREATMENT OF MINOR CHILDREN**

I give permission that my child, \_\_\_\_\_, may be given first aid/emergency treatment by the child care licensee and/or qualified staff at Compass Montessori School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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 care attendant when deemed necessary or advisable by the physician or aid car attendant to safeguard my child's health. I waive my right or 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 under penalty of perjury under the laws of the State of Washington that this information is true and correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PHOTOGRAPHS**

With intent to be legally bound, I give my permission to Compass Montessori School to photograph my child and to use their photograph for any purpose the school deems proper. I relinquish all rights, title and interest in the finished photographs.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUNSCREEN CONSENT**

State Regulation requires that any medications given or lotions applied require a consent form signed by parents. Parents may provide their own sunscreen or use one provided by the school. During the summer months the children will go outside for various reasons including regular playground time and trips to the park.

\_\_\_\_ I will provide my child's personal sunscreen which may be applied by Compass Montessori Staff.

\_\_\_\_ Our child may use the school sunscreen.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TUITION AND REGISTRATION AGREEMENT**

<i>Tuition (per month)</i>				<i>Pre-Arranged Regular Before/After care fees</i>	
Preschool (9:00AM-12PM)	Per Month	Preschool (9:00AM-3:30PM)	Per Month	<u>Extra time (per day)</u>	<u>Monthly Charge</u>
3 Days	<b>\$475.00</b>	3 Days	<b>\$725.00</b>	15 min.	<b>\$25.00</b>
4 Days	<b>\$525.00</b>	4 Days	<b>\$825.00</b>	30 min.	<b>\$60.00</b>
5 Days	<b>\$575.00</b>	5 Days	<b>\$925.00</b>	1 hour	<b>\$100.00</b>
				2 hours	<b>\$200.00</b>
Pre-K & K (9:00AM-12PM)	Per Month	Pre-K & K (9:00AM-12PM)	Per Month	Occasional Extra Hours	<b>\$10/hour</b>
3 Days	<b>\$550.00</b>	3 Days	<b>\$750.00</b>	<i>Tuition For Summer School Weekly Rate</i>	
4 Days	<b>\$600.00</b>	4 Days	<b>\$850.00</b>	Full Day:	<b>\$250.00</b>
5 Days	<b>\$700.00</b>	5 Days	<b>\$950.00</b>	Half Day:	<b>\$200.00</b>
If a student attended the regular schedule for the last summer school (7 weeks) , the fee will be the same as our regular fee schedule.				Registration:	<b>\$100.00</b>

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(To be filled out by CMS director/staff)

Date child entered care	Date child left care
-------------------------	----------------------