



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 () -																												
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%;">Full Day:</td> <td style="width:10%;">Mon.</td> <td style="width:10%;">Tues.</td> <td style="width:10%;">Wed.</td> <td style="width:10%;">Thurs.</td> <td style="width:10%;">Fri.</td> <td style="width:45%;">9:00AM-3:30PM</td> </tr> <tr> <td>Half Day:</td> <td>Mon.</td> <td>Tues.</td> <td>Wed.</td> <td>Thurs.</td> <td>Fri.</td> <td>9:00AM-12PM or 12:30PM-3:30PM</td> </tr> <tr> <td>Before Care:</td> <td>Mon.</td> <td>Tues.</td> <td>Wed.</td> <td>Thurs.</td> <td>Fri.</td> <td>Hours: _____</td> </tr> <tr> <td>After Care:</td> <td>Mon.</td> <td>Tues.</td> <td>Wed.</td> <td>Thurs.</td> <td>Fri.</td> <td>Hours: _____</td> </tr> </table>							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: _____
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PARENTS' INFORMATION		
Name	<i>Mother:</i>	<i>Father:</i>
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	() - () - () -
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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 care 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 & VIDEOS

With intent to be legally bound, I give my permission to Compass Montessori School to photograph and/or video my child and to use their photograph and/or video 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: _____

TUITION AND REGISTRATION AGREEMENT

- I enroll my child, _____, in Compass Montessori School's ten-month school program and intend to complete the entire school year unless unforeseen circumstances arise.
- I understand Montessori is a three-year program and enrollment in the Compass Montessori School kindergarten is expected, but not required.
- I understand the deposit of the registration fee, supply fee, first month's tuition, and 1/2 of the tenth month's tuition is due upon registration.
- I understand the registration fee, supply fee, first month's tuition, and 1/2 of the tenth month's tuition is non-refundable.
- I agree to pay monthly tuition payments on the 25th of each month, at the time of registration through the end of the school year. I will also pay a \$50 late fee after the 3rd of any month.
- I understand the remainder of the tenth month's tuition is due by May 25th.
- I understand if the 25th of the month falls on a weekend or during a school closure; payment must be made the Friday prior to the closure.
- I agree to give a 30-day notice prior to the withdrawal of my child, and to pay in full for the final month. Both parents must sign the school withdrawal form found in the Parent's Handbook.
- If I withdrew my child before a month and a half of their enrollment, I will forfeit my pre-paid 1/2 of the tenth month.
- I understand that Compass Montessori School follows the Federal Way School District schedule and is closed for Christmas, winter and spring breaks.
- I allow my child's actions to be recorded and studied by Montessori teachers-in-training.
- I have read and agree to the school's policies and fees.
- I have read the Health, Medical and Disaster Plans of Compass Montessori School.
- I have read Compass Montessori School's Parent's Handbook.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

(To be filled out by CMS director/staff)

Date child entered care

Date child left care