

Northeast Tacoma Montessori Preschool Registration/Enrollment Application

4913 33rd Street NE Tacoma, WA 98422 * 253.927.3408

Child's name _____
 First Middle Last

To be called _____

Residing with: Mother Father Both Other _____
(circle)

Primary address _____

City _____ State _____ Zip _____

Home Phone _____

Birthdate _____

(if applicable)

Secondary address _____

City _____ State _____ Zip _____

Phone _____

Where did you hear about Northeast Tacoma
Montessori Preschool?

_____ Friend _____ Other

_____ Magazine or publication

_____ Signs

List child's special needs:

Allergies _____

Medications _____

Physical _____

Emotional _____

Other _____

Child's physician _____

Phone _____

Address _____

My child's last physical was given on
(date) _____

By _____

Physician I give authorization
for emergency medical treatment and CPR to
be given to my child by a first-aid certified
staff person of NET Montessori Preschool.

Yes No

And/or to be taken to

Signature

Date

Father _____ Firm _____ Occupation _____

SS# _____ Email _____ Work # _____ Cell# _____

Fathers Date of Birth _____

Mother _____ Firm _____ Occupation _____

SS# _____ Email _____ Work # _____ Cell # _____

Mothers Date of Birth _____

Guardian _____ Firm _____ Occupation _____

SS# _____ Email _____ Work # _____ Cell # _____

Guardian's Date of Birth _____

*** Social Security number is required**

The following people are authorized to pick up my child (Please include Parents)

Name	Relationship	Address	Phone
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The following people do not have permission to pick up my child

Name	Relationship	Address	Phone
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Northeast Tacoma Montessori Preschool

Please check the service desired and circle the days you wish your child to attend

Minimum of 3 days per week

_____ Full day Montessori school	Mon.	Tue.	Wed.	Thurs.	Fri.
_____ Half day Montessori school	Mon.	Tue.	Wed.	Thurs.	Fri.
_____ Before School Care	Mon.	Tue.	Wed.	Thurs.	Fri.
_____ After School Care	Mon.	Tue.	Wed.	Thurs.	Fri.

(if you check the before/after school options, be sure to fill out and submit a Before and After school Extended Child Care activities agreement form)

Registration Fee

Enclosed is a check for registration and cannot be deducted from tuition payments

_____ \$100.00 (Annual non-refundable fee)

A non-refundable registration fee for the school year is due upon registration. This fee covers office registration procedures, classroom supplies and insurance.

Previous school or childcare attended _____

Reason for leaving _____

Additional Information _____

Medical Insurance Coverage Information

Name of Insurance Company _____

Name of policy holder _____ Employer _____

Name of Insurance Company _____

Name of policy holder _____ Employer _____

Consent to Medical and treatment of minor children

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 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

Registration form is complete and accurate and registration fee is enclosed

Signature _____ Date _____

Signature _____ Date _____