

Child Care Registration Form		Date child entered care	Date child left care
Child's name (Last, First, Middle)		Name used (Nickname)	Birthdate
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone #	home phone #	alternate phone #
Street address		City	Zip code
Child's parent/guardian name	Circle the best number to contact you at when your child is in our care		
	cell phone #	home phone #	alternate phone #
<p><i>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</i></p> <p><i>Parent/Guardian signature: _____ Date: _____</i></p> <p>In an emergency, if you are not able to contact me, contact the following:</p>			
Name (first and last)	cell phone #	home phone #	alternative phone #
These individuals also have permission to pick up my child:			
Name (first and last)	cell phone #	home phone #	alternative phone #
Child's health information			
Child's medical care provider or parent's/guardian's preferred medical facility for treatment		Child's last physical exam, if available	
Name:	Phone:		
Street Address:			
Child's dental care provider or parent's/guardian's preferred dental facility for treatment		Child's last dental exam, if available	
Name:	Phone:		
Street Address:			
Known health conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement due to a health condition.)			

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:

Name of Licensee: _____

Address of Licensee: _____

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 car 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 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

Hazel Creek Montessori Days and Hours: Monday – Friday from 7:00 AM – 5:30 PM

Days Attending: M Tu W Th F

Daily Drop Off Time: _____AM

Daily Pick Up Time: _____PM

Total Daily Hours: _____

*See website for tuition rates

PARENT PAYMENT CONTRACT

Tuition will be charged through your ACH account that is set up at the time of registration. Hazel Creek Montessori will charge your account by the first of every month. Upon registration to enroll or register for our waitlist, a \$175 non-refundable registration fee is due. If we are able to enroll your child, it is required that you pay a one-month deposit that is used for the last 30 days of enrollment. At the point at which your 12-month contract ends, your deposit will be used for the last 30 days of enrollment. This deposit is non-refundable.

I, , understand that I am liable for the monthly tuition when it is due. My child will attend for 12 months a year, and I shall give a 30-day notice when my child will no longer be attending.

FULL DAY 12 MONTH CONTRACT

(Parent/guardian initials) I am signing my child up for a 12-month contract. Some months are shorter, and some months are longer, but I will pay the same monthly amount that is due each month.

Parent/guardian initials) I understand that I am liable for the entire annual payment over the 12-month period for which my child is enrolled. Should I decide to withdraw my child from the program at Hazel Creek Montessori, or change their original schedule, I am still liable for the balance of the 12-month contract.

Parent/Guardian Signature	
Date	

***Hazel Creek Montessori does not pro-rate or make up days due to weather, sickness, pandemics, vacations or otherwise. Should Hazel Creek Montessori remain open, and you decide to withdraw for ANY reason, you will remain responsible for the monthly payments to complete your 12-month contract.

AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

Company Name: Hazel Creek Montessori

Company Tax ID Number: 91-1500-566

I (we) hereby authorize Hazel Creek Montessori, Inc., hereinafter called COMPANY, to initiate debit entries to my (our) Checking Account/ Savings Account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY, and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name:		
Branch:		
City:	State:	Zip:
Routing Number:		Account Number:
Dollar Amount (\$): Monthly Tuition		Transaction Starting Date:
Parent/Guardian Names		
Child's Name:		Class:
Weekly Schedule:		
Deposit Amount Paid (\$):		Monthly Tuition Amount (\$):

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. All notifications of termination must be made prior to the 1st of the month for a 30 day notice per PARENT PAYMENT CONTRACT.

Name(s):	ID Number:	N/A:
Signature:	Date:	

NOTE: SIGNATURE MUST BE AN AUTHORIZED SIGNER ON THE ABOVE ACCOUNT.

NOTE: ALL WRITTEN DEBIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.