

# CHELSEA HOUSE MONTESSORI SCHOOL

13742 30<sup>th</sup> Avenue NE, Seattle, Washington 98125

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## REGISTRATION FORM - FALL 2025-2026

Name of Child \_\_\_\_\_ Date (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_

Birthdate \_\_\_/\_\_\_/\_\_\_ Last Physical Exam \_\_\_/\_\_\_/\_\_\_ Last Dental Exam \_\_\_/\_\_\_/\_\_\_ Start Date \_\_\_/\_\_\_/\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Child Lives With \_\_\_\_\_

Address of other parent if different \_\_\_\_\_ Phone \_\_\_\_\_

How did you discover Chelsea House? \_\_\_\_\_

A non-refundable registration fee of **\$250.00** (new students) or **\$165.00** (returning students) and annual craft fee of **\$210.00** and snack fee of **\$275.00** per child must accompany these forms.  
Please note the 1<sup>st</sup> payment for the Fall Program is due August 1<sup>st</sup>. Mail forms and fees to **1037 NE 65<sup>th</sup> St # 149, Seattle, WA 98115**. A full refund will be made if space is not available at Chelsea House.

**Annual tuition is divided into 10 (ten) payments, due monthly; AUGUST 1, 2025 through MAY 1, 2026.**

Select one of the following \*:

- |  |                                   |                 |                        |
|--|-----------------------------------|-----------------|------------------------|
| <input type="checkbox"/> Extended Days | Mon-Fri (8:30 am-5:30 pm)         | \$2856.00 / mo. | Pick-up: 5:30 - 5:35   |
| <input type="checkbox"/> Full Days     | Mon-Fri (9:00 am-3:30 pm)         | \$1961.00 / mo. | Pick-up: 3:30 - 3:35   |
| <input type="checkbox"/> 3 Full Days   | 3 days per week (9:00 am-3:30 pm) | \$1686.00 / mo. | Pick-up: 3:30 - 3:35   |
| <input type="checkbox"/> 5 Mornings    | Mon-Fri (9:00 am-12:00 pm)        | \$1485.00 / mo. | Pick-up: 12:00 - 12:05 |
- \* Alternate schedules by arrangement with Director

Parent's Name \_\_\_\_\_ Parent's Name \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Work Address \_\_\_\_\_ Work Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail \_\_\_\_\_ E-mail \_\_\_\_\_

Who in addition to a parent is permitted to pick-up your child from school?

Name Relationship Address Phone - Home / Work

Name Relationship Address Phone - Home / Work

Emergency Contact

Name Relationship Address Phone - Home / Work

I authorize Chelsea House Montessori School to provide care for my child. I certify that the information provided in this application is correct to the best of my knowledge.

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

### OFFICE USE ONLY

DATE STARTED \_\_\_\_\_ DATE WITHDREW \_\_\_\_\_

ALL SCHOOL OPERATING FUNDS ARE OBTAINED THROUGH TUITION FEES. THERE IS NO TUITION REFUND OR REDUCTION FOR SCHOOL/FAMILY VACATIONS, HOLIDAYS, ABSENCE/ILLNESS, OR OTHER SCHOOL CLOSURES NOTED BELOW. EXACT DATES ARE PUBLISHED EVERY SEPTEMBER.

Veteran's Day	New Year's Day	President's Day
Thanksgiving Thur & Friday	Martin Luther King Day	Spring Break
Winter Break	Mid-Winter Break	Memorial Day
Parent Conferences (2 days per year)	Teacher/Staff Training (1 day every 3 months)	

### MEDICAL HISTORY

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Has your child had any of the following illnesses?

- |                                      |   |                                       |
|--------------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Mumps       | <input type="checkbox"/> Polio          | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Measles     | <input type="checkbox"/> Scarlet Fever  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Whooping Cough | <input type="checkbox"/> Other: _____ |

Please specify any allergies (drugs, food, other): \_\_\_\_\_

### OTHER FEES

Permanent Change of Schedule \$95.00 each time

Late Pick-Up \$5.00 per minute

### CONSENT FOR EMERGENCY TREATMENT

I hereby give permission that my child \_\_\_\_\_ may be given emergency treatment by a qualified staff member at **Chelsea House Montessori School**. I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical, and hospital care, treatment, and procedure to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. I waive my right of informed consent to such treatment.

Parent's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### IMPORTANT NOTICE

STATE LAW REQUIRES ALL STUDENTS TO BE IMMUNIZED BEFORE THEY ENTER SCHOOL.

PAYMENT SCHEDULE

I agree to pay Chelsea House Montessori school fees according to the following schedule.

Select one of the following:

- Monthly                      due 1<sup>st</sup> of every month starting August 1<sup>st</sup> 2025 to May 1<sup>st</sup> 2026
  
- Annually                      due 1<sup>st</sup> August, 2025 (10 months)

A late fee of \$95 applies five days after the due date.

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

WRITTEN POLICIES AND PROCEDURE INFORMATION

The following information is provided in the Parent Handbook and was discussed during orientation. A copy of the policies is found in the school office.

- Enrollment and admission requirements
- The fee and payment plan
- A typical activity schedule, including hours of operation are posted on the bulletin board
- Snacks served at school are posted on the bulletin board
- Meals (lunch) brought from home must contain a dairy product, meat or meat alternative, A grain, fruits or vegetables (2 fruits or 2 vegetables or a combination)
- Signing in and signing out requirements
- Child abuse reporting law requirements
- Behavior management and discipline
- Non-discrimination statement
- Religious and cultural activities: Parents will be notified in advance of such activities
- Medication management
- Medical emergencies
- Disaster preparedness plan
- Healthcare policy
- Pesticide policy
- Photograph policy: Children may be photographed during work time or recess. The photographs are used only for educational and promotional purposes such as the Chelsea House website, newsletters, and flyers.

I give Chelsea House Montessori permission to photograph my child to use for promotional purposes.

Yes  No

I understand the policies of the school regarding the above policies and procedures

Print Name: \_\_\_\_\_

Signature \_\_\_\_\_

Date    /    /

**DEVELOPMENTAL QUESTIONNAIRE**

(Must accompany Registration Form)

Name of Child \_\_\_\_\_ Date (mm/dd/yy) \_\_\_/\_\_\_/\_\_\_

1. What do you hope for in sending your child to Chelsea House Montessori School? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is the majority of your child's social interaction with children or with adults? \_\_\_\_\_

3. Has your child attended any type of early childhood environment before enrolling at Chelsea House (i.e. co-op, etc.)?  Yes  No  
If Yes, where? \_\_\_\_\_

4. Do you have other children?  Yes  No  
If Yes, please note their names and ages. \_\_\_\_\_  
\_\_\_\_\_

5. Does your child take a nap?  Yes  No  
If Yes, explain how long a nap usually lasts, and if your child takes a bottle or favorite toy. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Any favorite toys, games, puzzles, books, activities? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. How much screen time (TV, iPad, phone, computer, video games, etc.) is your child accustomed to?  
\_\_\_\_\_

8. Is your child toilet trained?  Yes  No What word(s) does your child use for toilet? \_\_\_\_\_

9. How does your child express anger or frustration? \_\_\_\_\_

10. How do you discipline your child? \_\_\_\_\_  
\_\_\_\_\_

11. List any current health conditions (physical limitations, medication being taken) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. List any past health history (including premature birth, developmental problems, physical limitations, traumatic experiences, etc.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Is / Was the child in therapy (speech, physical, occupational, play, social-emotional, family therapy etc.)?  
Please indicate if current/past. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_