



Silver Oak Montessori
Redmond/Kirkland/Bellevue

Enrollment Contract 2025-2026 School Year (September 5, 2025 – June , 2025)

GENERAL INFORMATION

New Student	Returning Student	Sibling/Child of Alumni
Child's First Name:	Child's Last Name:	Child's Name to be used:
Birthdate: MM/DD/YYYY	Gender:	Preferred email for billing: Parent/Guardian I Parent/Guardian II
Parent/Guardian I Full Name:	Relationship to Child:	Phone:
		Email:
Parent/Guardian II Full Name:	Relationship to Child:	Phone:
		Email:
Does child live with both parents? Yes No If not, with whom:	Sibling(s) Name and Age:	Have you toured our school? Yes No Returning family
Parents' Employer(s)?	Home Address:	
Previous school or daycare (if any):	How did you hear about us?	Referral Parent Name: Promo code:

EMERGENCY CONTACTS (OTHER THAN PARENTS): I give my permission for the following adults to be contacted.

Contact Names (First and Last)	Phone number	Authorized to pick-up my child
		Yes No

HEALTH, MEDICAL INFORMATION AND EMERGENCY CONSENT

Allergies, Dietary Restrictions, Medical or Behavioral Concerns? Yes No. If yes, please provide details below.		
Doctor's Name:	Phone:	Date of last physical exam:
Dentist's Name:	Phone:	Date of last dental exam:
Please indicate your preferred hospital in the event treatment is needed (selection required if no doctor / dentist provided): Swedish, Redmond Children's, Bellevue Overlake, Bellevue Evergreen, Kirkland		
Medication: Is your child taking any prescription medication on a long-term basis (as needed or daily)? Yes No (A medication authorization form is required for SOM to administer medication). If yes, name & type of medication: Is a 72-hour supply of your child's medication kept at school? Yes No		
I hereby give permission for my child to: <ul style="list-style-type: none">Be given emergency treatment to include first aid and/or CPR by a qualified staff member at the Silver Oak Montessori.Receive medical, surgical and hospital care, treatments, and procedures by first responders, licensed physicians or hospital staff when deemed immediately medically necessary or advisable to safeguard my child's health.Be transported by ambulance or aid car to an emergency center or hospital for treatment. I waive my right to consent to such treatment.		

Parent/Guardian Signature:

Date:



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PROGRAM REGISTRATION

Please complete your selections, read and sign that you understand and agree to the enrollment terms. If we can accommodate your request, we will email you confirmation and receipt for the deposits paid. If we are unable to provide your child with your requested schedule, we will contact you to discuss alternatives.

Prep (30-36 months)	Mon-Fri 9:00 AM-12:00 PM \$1050/month	Mon-Fri 12:00 PM-3:00 PM \$1050/month	Mon-Fri 2:00-5:00 PM \$1050/month	Summer Camp 2025: Early Birds** \$ 375 per week After April 2024 ** \$ 425 per week (minimum 3 continuous week)
Montessori Preschool (3-6 years old)	Mon-Fri 9:00 AM-12:00 PM \$1050/month	Mon-Fri 12:00 PM-3:00 PM \$1050/month	Mon-Fri 2:00-5:00 PM \$1050/month	Summer camp starts from 1st July -23 Aug 25

* Child must be potty-trained, if not Diaper changing charges are \$200/month.

**\$18/hr. rounded up per quarter for late pickup.

I understand that rejoining fees of \$300 is applicable if the break in term is more than one month.

DEPOSIT CHARGES *Fees will be charged once student is accepted, and placement is guaranteed.*

Office Use Only

Registration fee: Non-refundable, non-transferable, \$200 for new students or \$100 for siblings of current students or returning families

\$

Tuition Deposit: Non-refundable, non-transferable, 1 month tuition deposit equal to 10% of school year tuition(applied till June 2025)

\$

Total non-refundable and non-transferable deposit due with this enrollment contract

\$

REQUIRED HEALTH HISTORY / IMMUNIZATION RECORDS

- I understand my child's attendance is conditioned on providing full and complete health history and immunization documentation prior to attendance.
- My obligation to pay tuition remains even if my child is excluded from attendance due to missing or incomplete documentation or missing vaccinations.
- Contact your child's pediatrician and submit using [this state-required form](#).

PHOTO/VIDEO AUTHORIZATION

- I allow my child to be photographed or filmed in the classroom, on school field trips or during other school functions.
- I give permission, in perpetuity, for any such images to be used in newsletters, online/internet, presentations, marketing, or any media, to be made available to parents of other SOM students, or Early Achievers evaluators.

CODE OF CONDUCT

- I understand I must abide by all expectations set forth by SOM.
- I understand that SOM may deny a student's retention or re-enrollment if, in the School's sole discretion, a parent's or child's behavior is disruptive or injurious to the School or its reputation.
- SOM has the right to bar my child from attending school if I fail to comply with conduct or payment requirements, without terminating my obligation to pay tuition as set forth in this Contract.

FIELD TRIPS

- I understand that I will receive prior notice/authorization requests for each field trip (if any).

Parent/Guardian Signature:

Date:



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Enrollment Contract Terms for 2024-2025 School Year

By initialing each section and signing this contract you are accepting the terms.

TUITION, DEPOSITS, DISCOUNTS AND WITHDRAWAL AGREEMENT

All students accepted at SOM are considered bound and registered for the entire length of the academic school year. This enables SOM to make long term plans, teacher employment commitments and offer a fixed tuition rate structure. Therefore, tuition payments are not transferable or refundable. Tuition is a school year charge to be paid in ten equal monthly payments, regardless of absence due to illness, vacation, breaks, holiday, or any emergency closures. Tuition is computed based on the number of actual school days in a school year and does not include holidays, in-service, and conference days.

1. We understand that all the classes and batches at SOM are less than 3:30 hrs. and my child age is above 30 months.
2. **SECURITY DEPOSIT:** To hold my child's spot, I agree to pay the registration fee (\$200 for new students and \$100 for returning/siblings) and a security deposit of one month's tuition, to be credited towards June 2026 tuition. The registration fee and security deposit are due immediately at signing of this enrollment contract. All fees and tuition payments are non-refundable and non-transferable for summer school or other charges or applied to any other student. No exception will be considered for this policy under any circumstances. Applicable for Academic Yr 2025-26
3. **FIRST MONTH TUITION:** September's tuition is due by July 1st. If you register after July 1st, the first month's tuition is also due immediately at signing of this enrollment contract.
4. **FULL YEAR TUITION PAYMENT DISCOUNT:** I will receive a 3% discount if tuition for all ten installments is paid (by cash or check) in full at the time of the registration. There are no refunds or credits for absences, vacations, emergency closures, or snow days.
5. **SIBLING DISCOUNT:** I will receive a 5% sibling discount for each child's tuition, when more than one child is enrolled at SOM at the same time. This discount is for tuition only and does not apply to other fees. This cannot be combined with other discounts.
6. **NEW STUDENT (FULL-DAY) DISCOUNT:** I will receive a 3% tuition discount if my child is a new full-day enrollment student. This cannot be combined with other discounts.
7. **STUDENT SCHEDULE CHANGE:** I agree to give 60 days' written notice to reduce my child's schedule (depending on schedule availability). I understand that I am obligated to pay the current tuition for the 60 days following the date that I give notice. It is my responsibility to notify the school by submitting a written notice or sending an email to the office. I understand that my one-month tuition deposit will not be adjusted to reflect the new schedule. No tuition payment refunds are allowed for partial months.
8. **STUDENT WITHDRAWAL:** Provided that this signed contract and payment of registration fees and deposit are received, SOM guarantees a place for my child as of the commencement date (school year is from September – June). Upon signing, at least 60 days written notice of withdrawal is required prior to the 1st of the withdrawal month, regardless of whether my child has attended or not. No tuition payments will be refunded for early withdrawal. Tuition must be paid for the following 60 days after the written withdrawal notice is received.
9. **LATE PICKUP:** I will be charged \$18.00 per hour (or any portion of an hour used rounded up per quarter hour) if I drop my child off before the designated class period drop off time or pick-up after the designated class period pick-up time.
10. **LATE PAYMENTS:** I agree to pay tuition by the 1st of every month. A \$25.00 late fee will be charged starting on the 5th of the month. A \$35.00 fee will be applied for all returned checks or repeated credit card declines. If an account is more than one month in arrears, payment arrangements must be in place to maintain enrollment.
11. **RECURRING PAYMENT:** I understand that, unless I have paid for the school year tuition in full, I authorize SOM to process tuition and any other fees incurred automatically using the ACH/Credit Card payment method I provide. I agree to update my credit card or other payment information including any change of expiration date to facilitate timely collection of tuition or other charges that may be incurred. I understand that my child's enrollment is subject to cancellation in the event of non-payment or repeated late payments.

I have read and agree to the Enrollment Contract Terms and attest that all information provided is truthful and complete.

I certify that I am _____ (student's name) legally authorized parent/guardian with full authority to enroll my child in the Silver Oak Montessori. I understand that all parties assuming financial responsibility must sign this Contract. This Contract constitutes the entire agreement between the parties and supersedes all prior agreements, understandings, and representations concerning its subject matter, whether written or oral. This Contract shall not be modified or changed, nor shall any provision be waived, except by written agreement signed by all the parties to this Contract. If applicable, I must provide court documentation regarding custody, educational decision making, or parenting plan.

Parent/Guardian Signature:

Relationship to student:

Date:



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Payment Authorization

We are excited to offer the safety, convenience and ease for on-time tuition and fee payments to be made from either your bank account .

⌘ ELECTRONIC FUNDS TRANSFER AUTHORIZATION FOR BANK ACCOUNT

I (we) hereby authorize (business name) _____ to initiate debit entries to my (our) Checking or Savings Account, indicated below. To properly affect the cancellation of this agreement, I (we) are required to give 10 days written notice.

⌘ BANK ACCOUNT

Your Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Bank or Credit Union Name: _____
Bank or Credit Union Name: _____ City: _____ State: _____ Zip: _____
Routing Transit Number (see sample below): _____
Account Number (see sample below): _____

Bank Account Holder Signature

Checking: ☐ Savings: ☐

For Official Use Only
Date Received

Employee Signature



Note: You must update this information each school year and anytime you have changes. Thank you.

Account Holder Signature:	Date:	Student's Last Name:
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