

## The Sammamish Montessori School 2021 Summer School Registration

Child's Name:	Address:	Mother's Name:
Date of birth:	City, Zip:	Mother's Work/Cell #
Gender:		Father's Name:
Allergies, food sensitivities or medical concerns:		Father's Work/Cell#
		Home Phone:
Authorized for Pick-up:		Email(s):

Morning only classes are from 9 to 11:30AM (drop off 8:45-9AM; pick up 11:30-11:45AM), Afternoon only classes are from 12:45PM to 3:15PM (drop off 12:30-12:45PM; pick up 3:15-3:30PM), Full Day classes are from 9AM to 3:15PM including the lunch hour (drop off 8:45-9AM; pick up 3:15-3:30PM).

If you need to drop off your child before 8:45AM or pick up after 3:30PM you must register for Early Birds or After School Club below so that we can place your child in a classroom where that is available and staff accordingly. We cannot accommodate drop ins at this time.

Please indicate your choices below. You may choose morning only, afternoon only, or full day options below within each track. (Students attending all day must be must be enrolled as full day students; you cannot select a different AM and PM class.)

Session 1: 6/21-7/2	Session 2: 7/5-16	Session 3: 7/19-30	Session 4: 8/2-13	Session 5: 8/16-27
<b>Track 1: Montessori</b>	<b>Track 1: Montessori</b>	<b>Track 1: Montessori</b>	<b>Track 1: Montessori</b>	<b>Track 1: Montessori</b>
<input type="checkbox"/> Montessori AM (\$450)	<input type="checkbox"/> Montessori AM (\$450)	<input type="checkbox"/> Montessori AM (\$450)	<input type="checkbox"/> Montessori AM (\$450)	<input type="checkbox"/> Montessori AM (\$450)
<input type="checkbox"/> Montessori PM (\$450)	<input type="checkbox"/> Montessori PM (\$450)	<input type="checkbox"/> Montessori PM (\$450)	<input type="checkbox"/> Montessori PM (\$450)	<input type="checkbox"/> Montessori PM (\$450)
<input type="checkbox"/> Montessori Full Day (\$900)	<input type="checkbox"/> Montessori Full Day (\$900)	<input type="checkbox"/> Montessori Full Day (\$900)	<input type="checkbox"/> Montessori Full Day (\$900)	<input type="checkbox"/> Montessori Full Day (\$900)
<b>Track 2: Discovery</b>	<b>Track 2: Discovery</b>	<b>Track 2: Discovery</b>	<b>Track 2: Discovery</b>	<b>Track 2: Discovery</b>
<input type="checkbox"/> Sports AM (\$460)	<input type="checkbox"/> Animals AM (\$460)	<input type="checkbox"/> Money Math AM (\$460)	<input type="checkbox"/> Master Builders AM (\$460)	<input type="checkbox"/> African Adventures AM (\$460)
<input type="checkbox"/> Sports PM (\$460)	<input type="checkbox"/> Animals PM (\$460)	<input type="checkbox"/> Money Math PM (\$460)	<input type="checkbox"/> Master Builders PM (\$460)	<input type="checkbox"/> African Adventures PM (\$460)
<input type="checkbox"/> Sports Full Day (\$920)	<input type="checkbox"/> Animals Full Day (\$920)	<input type="checkbox"/> Money Math Full Day (\$920)	<input type="checkbox"/> Master Builders Full Day (\$920)	<input type="checkbox"/> African Adventures Full Day (\$920)
<b>Track 3: STEAM</b>	<b>Track 3: STEAM</b>	<b>Track 3: STEAM</b>	<b>Track 3: STEAM</b>	<b>Track 3: STEAM</b>
<input type="checkbox"/> STEAM Full Day (\$920)	<input type="checkbox"/> STEAM Full Day (\$920)	<input type="checkbox"/> STEAM Full Day (\$920)	<input type="checkbox"/> STEAM Full Day (\$920)	<input type="checkbox"/> STEAM Full Day (\$920)

If my choice of class is full, please enroll my child in another available choice. **OR**  Please only put my child on the waiting list if my first choice is full.

Early Birds: I need to drop off before 8:45AM (Early Birds), which begins at 8AM this summer, and understand that my child will be enrolled in a classroom where that service is available, which might be different than my class selection above. I estimate that I will be dropping of my child at \_\_\_\_\_AM. (\$15 per hour.)

After School Club: I need my child to stay after 3:30PM for After School Club (ASC), which ends at 6PM this summer. I estimate that I will pick up my child at \_\_\_\_\_PM. I understand that my child will be placed in a classroom where the ASC service is available, which might be different than my class selection above. (\$15 per hour.)

**STUDENT LAST NAME:** \_\_\_\_\_

**Payment Terms and Due Dates:** A \$65 registration fee and payment for the first two classes you register for are due upon registration. Any remaining balance of payment is due on June 1 for classes that begin in June. Payment is due on July for classes that begin in July. Payment is due on August 1 for classes that begin in August. Charges for any time used outside of class time hours is billed at the end of the month (Early Birds, After School Club, or late pick up fees).

**Summer Fee Schedule:**

\$65 per child non-refundable registration fee.

\$450 per two-week half day Montessori class, \$900 for a two-week full day Montessori class (Ages 3 to 6 years old).

\$460 per two-week half day Discovery class, \$920 for a two-week full day Discovery class (Ages 4 to 8 years old).

\$920 for a two-week full day STEAM class. (Ages 4 to 8 years old).

\$15/hour Early Birds (8AM to 8:45AM) or After School Club (3:30-6PM). (We reserve the right to modify hours of EB and ASC to match enrollments.)

\$25 per request Change/Drop fee. (Applies for each class dropped or switched to another class after registration.)

A 5% discount will apply to each student of families who enroll more than one child for the same session of summer school.

**Cancellation and Change Policy:** We understand that sometimes summer plans change and we are happy to accommodate you as best we can. However, as we may not be able to fill your child's space if you drop a class, a \$25 Change/Drop fee applies for each class dropped. A minimum of two-weeks advance written notice is required to be eligible for a tuition refund less a \$25 change/drop fee per class.

**Payment Methods:** For your convenience, we accept cash, checks, or credit card (in-person, by phone, or automatic if pre-authorized). A credit card authorization form is included in this packet and is required for registration even if you choose to pay by cash or check. In the event more than one person assumes financial responsibility for tuition and other charges, all such parties must sign the registration contract. If only one signature is provided, that person assumes full financial responsibility for all charges. No State funding (direct or indirect) is accepted as payment.

**Emergency:** If I or my emergency contacts cannot be reached in an emergency, I authorize an SMS member of staff to care for my child until I can be reached, including transporting my child as needed.

**Health History/Immunization:** I understand my child's attendance is conditioned on providing full and complete health history and immunization documentation prior to attendance and my obligation to pay tuition remains even if my child is excluded from attendance due to missing or incomplete documentation or missing vaccinations.

**Covid/Pandemic Modifications:** I understand my child will have daily temperature checks and that I must certify my child's and my family's health each day at drop-off. I certify that I have read and understand the SMS Covid-19 Operating Plan and will abide by all requirements therein, as well as any additional requirements that may be imposed by public health authorities. SMS may exclude my child if it determines, in SMS's sole judgment, that either I or my child are not complying with any aspect of these requirements. Should this occur, I will not have any right of appeal, nor will I have any entitlement to any full or partial refund or credit of any fees or tuition paid or due. I understand that SMS reserves the right to modify or change its operating plans, policies or procedures, in whole or in part, at any time, with or without notice.

**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 and to be made available to parents of other SMS students.

**Toilet-Training Required:** All students enrolled in summer classes must be potty-trained.

**Agreement to Terms & Conditions:** I understand and agree to the terms and conditions above.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

## CREDIT CARD AUTHORIZATION FOR 2021 SUMMER SCHOOL SESSION

1) **Required:** I authorize Sammamish Montessori School (SMS) to keep my signature on file and to charge my credit card account for any unpaid amounts I owe that are 30 days past due. I agree to contact SMS if there are any changes to my credit card account information including a change of the expiration date.

2) **Optional:** I wish to pay for tuition and daycare charges automatically using my credit card. \_\_\_\_\_ (Please initial here if authorizing automatic billing via your credit card).

Cardholder Name: \_\_\_\_\_ Card Number: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ (month/year)

VISA  MC  AmEx

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name(s): \_\_\_\_\_

*Privacy and Security Notice: Unless you direct us to charge your credit card for any tuition and daycare amounts due on an ongoing basis as noted above, SMS will use this authorization only in the event of a delinquent balance that is 30 days or more past due. You will be notified in such a circumstance.*

\_\_\_\_\_  
Student's Last Name

THIS FORM IS REQUIRED FOR REGISTRATION

## The Sammamish Montessori School Parent Statement of Understanding, Consent, and Liability Release

The Sammamish Montessori School (SMS) COVID-19 Operating Plan & Health Policy Guidelines outlines the policies, procedures and other information regarding its daily operations during the COVID-19 outbreak, its expectations of each school community member, and reflects its commitment to excellence.

By signing below, I certify my understanding of the following:

- This operating plan is intended as a reference;
- The school reserves the right to change any or all plans, policies or procedures, in whole or in part, at any time, with or without notice;
- Nothing in the operating plan, or in this Statement of Understanding, creates or constitutes a binding enrollment contract or other type of contract between the school and any school family.

I certify that I have read and have had an opportunity to discuss with the administration any questions or concerns about the rules and policies contained in the SMS COVID-19 Operating Plan & Health Policy Guidelines.

I understand that my child will be subject to temperature and daily health screenings upon entry, and I hereby consent to those screenings. I understand that my child will be excluded from the school if my child exhibits symptoms of COVID-19 (fever of 100°F or higher, cough, shortness of breath, sore throat, chills, muscle or body aches, unusual fatigue, nausea/vomiting/diarrhea, new loss of taste or smell, congestion/runny nose that is not due to seasonal allergies).

I acknowledge that I understand that the school may be (or become) subject to additional restrictions beyond those that are in place currently, including restrictions imposed by Public Health authorities.

I also understand that both I and my child may be excluded from the school if, in the school's sole judgment, either of us are not complying with any aspect of the school's COVID-19 operating plan (including the face covering requirement), or with any restrictions imposed upon the school by a public health authority. I understand that the school's decision to exclude me or my child for this reason will not be subject to any appeal, will not entitle me to any full or partial refund of tuition or fees, and will not constitute grounds for my child's early withdrawal from the school.

I understand that I must notify the school administration **immediately** if anyone in my household has a confirmed case of COVID-19 or if my child has otherwise come into close contact with someone who has tested positive for COVID-19 within the previous 14 days. I certify that I understand SMS may be required to close a classroom or the school for a minimum of 2-14 days in the event of a confirmed onsite COVID-19 related exposure, following current Public Health guidelines.

If handwashing is not feasible (during play outside), I give permission for my child to use hand sanitizer.

Per current Public Health guidance, facial coverings must be worn by children age 5 and older and every adult indoors or outside when in proximity to others. Children ages 3 to 5 are encouraged but not required to use facial coverings. Children and youth may use face shields as an alternative (must extend below the chin, to the ears, and have no gap at the forehead). Children may remove face coverings to eat and drink and when they go outdoors for recess or other outside activities. Mask Exemptions:

- Children younger than 2 years. (If children over 2 years cannot wear a face covering properly or if it causes more face touching, Public Health advises it is best to focus on the three primary ways to prevent infection spread: Hand washing, distancing, home isolation if sick.)
- Those with a disability that prevents them from comfortably wearing or removing a face covering.
- If advised by a medical, legal, or behavioral professional that wearing a mask may pose a risk to that person.
- Those who are deaf, hard of hearing, and/or use facial and mouth movements as part of communication.

I understand that while SMS is doing its best to maintain health and safety standards and social distancing directives while providing a much-needed service, it cannot promise or guarantee that I or my child will not contract COVID-19 while at the school or while engaging in school-related activities. I voluntarily agree to assume all risks and accept sole responsibility for the possibility that either me or my child(ren) may contract COVID-19 while attending school at SMS, while participating in any SMS-related activity, or while on SMS's grounds. On my behalf, and on behalf of my children and my marital community, I hereby release, covenant not to sue, discharge, and hold harmless the SMS, its employees, agents, and representatives, from all claims, liabilities, causes of action, damages, costs and expenses of any kind arising out of or relating to the possibility that either me or my child(ren) may contract COVID-19 while attending school at SMS, while participating in any SMS-related activity, or while on SMS's grounds.

Student Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

**SMS Student Health History/Emergency Contact & Consent Form  
Summer 2021**

Please fill out completely, sign, and return to SMS.  
All sections must be completed PRIOR to attendance.

Student's first name: _____	Birth date: _____	Gender: _____
Student's last name: _____	Doctor's name & phone: _____	
Address: _____	Date of last physical exam: _____	
City/Zip: _____	Date of last vision exam: _____	
Mother's full name: _____	Date of last hearing exam: _____	
Mother's work or cell #: _____	Dentist's name & phone: _____	
Father's full name: _____	Date of last dental exam: _____	
Father's work or cell #: _____	Preferred hospital: _____	
Home phone (if any): _____	_____	
Name & phone of emergency contacts (friends, neighbors, employer who can be contacted if parents cannot be reached):	Name & phone of out of area emergency contacts (in case local phone lines are down due to a widespread local event):	
1) _____	1) _____	
2) _____	2) _____	
3) _____	3) _____	

Toothbrushing: \_\_\_\_\_ (initial) I certify that I will ensure my child brushes his/her teeth twice daily.

Medical/Behavioral: I have the following medical or behavioral concerns (if any):

Allergies (if any; please note severity and type of reaction and provide medication details if applicable):

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 in order for SMS to administer medication.)

Name & type of medication: \_\_\_\_\_

Is a 72-hour supply of your child's medication kept at school?  Yes  No

I \_\_\_\_\_ hereby give my permission that my child \_\_\_\_\_ may be given emergency treatment to include first aid and/or CPR by a qualified staff member at the Sammamish Montessori School. I further authorize and consent to medical, surgical, and hospital care, treatments, and procedures to be performed by first responders, licensed physician, or hospital staff when deemed immediately medically necessary or advisable in order to safeguard my child's health if I cannot be reached. I waive my right to consent to such treatment. I also give permission for my child to be transported by ambulance to an emergency center or hospital for treatment.

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

**THIS FORM AND THE ATTACHED IMMUNIZATION DOCUMENTATION IS REQUIRED  
FOR ALL STUDENTS WHO DO NOT ALREADY HAVE THIS INFORMATION ON FILE  
WITH SMS FOR EITHER THE 2020-21 OR THE 2021-2022 SCHOOL YEAR**



# Certificate of Immunization Status (CIS)

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signed COE on File?  Yes  No

Please print. See back for instructions on how to fill out this form or get it printed from the Washington State Immunization Information System.

<b>Child's Last Name:</b>	<b>First Name:</b>	<b>Middle Initial:</b>	<b>Birthdate (MM/DD/YYYY):</b>
I give permission to my child's school/child care to add immunization information into the Immunization Information System to help the school maintain my child's record.		Conditional Status Only: I acknowledge that my child is entering school/child care in conditional status. For my child to remain in school, I must provide required documentation of immunization by established deadlines. See back for guidance on conditional status.	
X _____ <b>Parent/Guardian Signature</b>		X _____ <b>Parent/Guardian Signature Required if Starting in Conditional Status</b>	
<b>Date</b>		<b>Date</b>	

▲ Required for School ● Required Child Care/Preschool	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY	Date MM/DD/YY
<b>Required Vaccines for School or Child Care Entry</b>						
●▲ DTaP (Diphtheria, Tetanus, Pertussis)						
▲ Tdap (Tetanus, Diphtheria, Pertussis) (grade 7+)						
●▲ DT or Td (Tetanus, Diphtheria)						
●▲ Hepatitis B						
● Hib ( <i>Haemophilus influenzae type b</i> )						
●▲ IPV (Polio) (any combination of IPV/OPV)						
●▲ OPV (Polio)						
●▲ MMR (Measles, Mumps, Rubella)						
● PCV/PPSV (Pneumococcal)						
●▲ Varicella (Chickenpox) <input type="checkbox"/> History of disease verified by IIS						
<b>Recommended Vaccines (Not Required for School or Child Care Entry)</b>						
Flu (Influenza)						
Hepatitis A						
HPV (Human Papillomavirus)						
MCV/MPSV (Meningococcal Disease types A, C, W, Y)						
MenB (Meningococcal Disease type B)						
Rotavirus						

<b>Documentation of Disease Immunity (Health care provider use only)</b>		
If the child named in this CIS has a history of varicella (chickenpox) disease or can show immunity by blood test (titer), it must be verified by a health care provider.		
I certify that the child named on this CIS has: <input type="checkbox"/> A verified history of varicella (chickenpox) disease. <input type="checkbox"/> Laboratory evidence of immunity (titer) to disease(s) marked below.		
<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Hepatitis A	<input type="checkbox"/> Hepatitis B
<input type="checkbox"/> Hib	<input type="checkbox"/> Measles	<input type="checkbox"/> Mumps
<input type="checkbox"/> Rubella	<input type="checkbox"/> Tetanus	<input type="checkbox"/> Varicella
<input type="checkbox"/> Polio (all 3 serotypes must show immunity)		
▶		
Licensed Health Care Provider Signature		Date
▶		
Printed Name		

I certify that the information provided on this form is correct and verifiable.	Health Care Provider or School Official Name: _____ Signature: _____ Date: _____ If verified by school or child care staff the medical immunization records must be attached to this document.
---	---

**Instructions for completing the Certificate of Immunization Status (CIS): Print the from the Immunization Information System (IIS) or fill it in by hand.**

**To print with the immunization information filled in:**

Ask if your health care provider's office enters immunizations into the WA Immunization Information System (Washington's statewide registry). If they do, ask them to print the CIS from the IIS and your child's immunization information will fill in automatically. You can also print a CIS at home by signing up and logging into MyIR at <https://wa.myir.net>. If your provider doesn't use the IIS, email or call the Department of Health to get a copy of your child's CIS: [waisrecords@doh.wa.gov](mailto:waisrecords@doh.wa.gov) or 1-866-397-0337.

**To fill out the form by hand:**

1. Print your child's name and birthdate, and sign your name where indicated on page one.
2. Write the date of each vaccine dose received in the date columns (as MM/DD/YY). If your child receives a combination vaccine (one shot that protects against several diseases), use the Reference Guides below to record each vaccine correctly. For example, record Pediatix under Diphtheria, Tetanus, Pertussis as DTaP, Hepatitis B as Hep B, and Polio as IPV.
3. If your child had chickenpox (varicella) disease and not the vaccine, a health care provider must verify chickenpox disease to meet school requirements.
  - If your health care provider can verify that your child had chickenpox, ask your provider to check the box in the Documentation of Disease Immunity section and sign the form.
  - If school staff access the IIS and see verification that your child had chickenpox, they will check the box under Varicella in the vaccines section.
4. If your child can show positive immunity by blood test (titer), have your health care provider check the boxes for the appropriate disease in the Documentation of Disease Immunity section, and sign and date the form. You must provide lab reports with this CIS.
5. Provide proof of medically verified records, following the guidelines below.

**Acceptable Medical Records**

All vaccination records must be medically verified. Examples include:

- A Certificate of Immunization Status (CIS) form printed with the vaccination dates from the Washington State Immunization Information System (IIS), MyIR, or another state's IIS.
- A completed hardcopy CIS with a health care provider validation signature.
- A completed hardcopy CIS with attached vaccination records printed from a health care provider's electronic health record with a health care provider signature or stamp. The school administrator, nurse, or designee must verify the dates on the CIS have been accurately transcribed and provide a signature on the form.

**Conditional Status**

Children can enter and stay in school or child care in conditional status if they are catching up on required vaccines for school or child care entry. (Vaccine series doses are spread out among minimum intervals, so some children may have to wait a period of time before finishing their vaccinations. This means they may enter school while waiting for their next required vaccine dose). To enter school or child care in conditional status, a child must have all the vaccine doses they are eligible to receive before starting school or child care.

Students in conditional status may remain in school while waiting for the minimum valid date of the next vaccine dose plus another 30 days time to turn in documentation of vaccination. If a student is catching up on multiple vaccines, conditional status continues in a similar manner until all of the required vaccines are complete.

If the 30-day conditional period expires and documentation has not been given to the school or child care, then the student must be excluded from further attendance, per RCW 28A.210.120. Valid documentation includes evidence of immunity to the disease in question, medical records showing vaccination, or a completed certificate of exemption (COE) form.

**Reference guide for vaccine trade names in alphabetical order** For updated list, visit <https://www.cdc.gov/vaccines/terms/usvaccines.html>

Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine	Trade Name	Vaccine
ActHIB	Hib	Fluarix	Flu	Havrix	Hep A	Menveo	Meningococcal	Rotarix	Rotavirus (RV1)
Adacel	Tdap	Flucelvax	Flu	Hiberix	Hib	Pediarix	DTaP + Hep B + IPV	RotaTeq	Rotavirus (PV5)
Afluria	Flu	FluLaval	Flu	HibTITER	Hib	PedvaxHIB	Hib	Tenivac	Td
Bexsero	MenB	FluMist	Flu	Ipol	IPV	Pentacel	DTaP + Hib +IPV	Trumenba	MenB
Boostrix	Tdap	Fluvirin	Flu	Infanrix	DTaP	Pneumovax	PPSV	Twinrix	Hep A + Hep B
Cervarix	2vHPV	Fluzone	Flu	Kinrix	DTaP + IPV	Prevnar	PCV	Vaqta	Hep A
Daptacel	DTaP	Gardasil	4vHPV	Menactra	MCV or MCV4	ProQuad	MMR + Varicella	Varivax	Varicella
Engerix-B	Hep B	Gardasil 9	9vHPV	Menomune	MPSV4	Recombivax HB	Hep B		

If you have a disability and need this document in another format, please call 1-800-525-0127 (TDD/TTY call 711).

**DOH 348-013 November 2019**