

The Sammamish Montessori School 2022 Summer School Registration

Please fill out form completely, print, sign, and return to the SMS Office.

Child's Name:	Address:	Mother's Name:
Date of birth:		Mother's Work/Cell #
Gender:	City, Zip:	Father's Name:
Allergies, medical or behavioral concerns (if none, write N/A):	Home Phone:	Father's Work/Cell#
		Billing Email
		Other Emails
Does your child need daily medication? Yes No		Parent Employer(s):
Doctor name/number:		
Preferred hospital (if needed):		Emergency Contacts/Authorized to pick up (Names/numbers)

Morning only classes are from 9AM-11:30AM (drop off 8:45-9AM; pick up 11:30-11:45AM), Afternoon only classes are from 12:45PM-3:15PM (drop off 12:30-12:45PM; pick up 3:15-3:30PM), Full Day classes are from 9AM-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. 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 enrolled as full day students; you cannot select a different AM and PM class.) All students enrolled in summer classes must be potty-trained.

Session 1: 6/20-7/1	Session 2: 7/5-15 (off 7/4)	Session 3: 7/18-29	Session 4: 8/1-12	Session 5: 8/15-26
Track 1: Montessori	Track 1: Montessori	Track 1: Montessori	Track 1: Montessori	Track 1: Montessori
<input type="checkbox"/> Montessori AM (\$500)---FULL	<input type="checkbox"/> Montessori AM (\$450)---FULL	<input type="checkbox"/> Montessori AM (\$500)---FULL	<input type="checkbox"/> Montessori AM (\$500)---FULL	<input type="checkbox"/> Montessori AM (\$500)
<input type="checkbox"/> Montessori PM (\$500)	<input type="checkbox"/> Montessori PM (\$450)---FULL	<input type="checkbox"/> Montessori PM (\$500)---FULL	<input type="checkbox"/> Montessori PM (\$500)---FULL	<input type="checkbox"/> Montessori PM (\$500)---FULL
<input type="checkbox"/> Montessori Full Day (\$1,000)	<input type="checkbox"/> Montessori Full Day (\$900)---FULL	<input type="checkbox"/> Montessori Full Day (\$1,000)---FULL	<input type="checkbox"/> Montessori Full Day (\$1,000)---FULL	<input type="checkbox"/> Montessori Full Day (\$1,000)---FULL
Track 2: Discovery	Track 2: Discovery	Track 2: Discovery	Track 2: Discovery	Track 2: Discovery
<input type="checkbox"/> Sports AM (\$510)---FULL	<input type="checkbox"/> Dinosaur AM (\$460)---FULL	<input type="checkbox"/> World Music & Dance (\$510)---FULL	<input type="checkbox"/> Animals AM (\$510)---FULL	<input type="checkbox"/> African Adventures AM (\$510)---FULL
<input type="checkbox"/> Sports PM (\$510)---FULL	<input type="checkbox"/> Dinosaur PM (\$460)	<input type="checkbox"/> World Music & Dance (\$510)---FULL	<input type="checkbox"/> Animals AM (\$510)---FULL	<input type="checkbox"/> African Adventures PM (\$510)---FULL
<input type="checkbox"/> Sports Full Day (\$1,020)---FULL	<input type="checkbox"/> Dinosaur Full Day (\$920)---FULL	<input type="checkbox"/> World Music & Dance (\$1,020)---FULL	<input type="checkbox"/> Animals Full Day (\$1,020)---FULL	<input type="checkbox"/> African Adventures Full Day (\$1,020)---FULL
Track 3: STEAM	Track 3: STEAM	Track 3: STEAM	Track 3: Discovery	Track 3: Discovery
<input type="checkbox"/> STEAM Full Day (\$1,020)	<input type="checkbox"/> STEAM Full Day (\$920)---FULL	<input type="checkbox"/> STEAM Full Day (\$1,020)---FULL	<input type="checkbox"/> Master Builders Full Day---FULL	<input type="checkbox"/> Ocean Creatures Full Day (\$1,020)---FULL

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. I estimate that I will be dropping of my child at _____AM. (\$16 per hour.)

After School Club: I need my child to stay after 3:30PM for After School Club (ASC), which ends at 6PM. I estimate that I will pick up my child at _____PM. (\$16 per hour.)

STUDENT'S NAME: _____

Payment Terms and Due Dates: A \$75 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 1st for classes that begin in June. Payment is due on July 1st for classes that begin in July. Payment is due on August 1st 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:

\$75 per child non-refundable registration fee.

\$500 per two-week half day Montessori class, \$1,000 for a two-week full day Montessori class (Ages 3 to 6 years old). Prorated to \$450 half day and \$900 full day for Session 2.

\$510 per two-week half day Discovery class, \$1,020 for a two-week full day Discovery class (Ages 4 to 8 years old). Prorated to \$460 half day and \$920 full day for Session 2.

\$1,020 for a two-week full day STEAM class. (Ages 4 to 8 years old). Prorated to \$920 for Session 2.

\$16/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.)

No changes are allowed once the class session has started.

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

Cancellations: 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 Drop fee applies for each half day class dropped; \$50 Drop fee applies for each full day class dropped. A minimum of two-weeks advance written notice is required to be eligible for a tuition refund less drop fees.

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 enrollment 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.

Health History/Immunization: I understand my child's attendance is conditioned on providing full and complete health history (any allergies, medical or behavioral concerns, details and authorization for any required medications, preferred hospital and name and number of my child's doctor) 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. Go to <https://wa.myir.net/rorl?next=/> to obtain your child's immunization records. Or contact your child's pediatrician and submit using this state-required form https://www.doh.wa.gov/Portals/1/Documents/Pubs/348-013_CertificateImmunizationStatusForm20-21.pdf. I also certify my child brushes his/her teeth twice daily.

Covid/Pandemic Modifications: I understand 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 or used for quality or training purposes.

Emergency: I hereby give my permission that my child named above 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 or aid car to an emergency center or hospital for treatment.

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

Parent Signature _____ Date: _____

CREDIT CARD AUTHORIZATION FOR 2022 SUMMER SCHOOL SESSION

Please fill out, print, sign and submit directly to the SMS Office.

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: _____

I hereby authorize Sammamish Montessori School (SMS) to process tuition, daycare and any other fees incurred automatically using the credit card payment method I provide. I understand that my information will be saved securely for future transactions on my account. I understand the tuition deposit (first 2 classes) and registration fee are due along with my summer school enrollment to secure my child's summer school classes. I agree to update my credit card or other payment information including any change of expiration date to facilitate timely collection of tuition, daycare or other charges that may be incurred. I understand that my child's enrollment is subject to cancellation in the event of non-payment.

Card Holder Signature: _____

Date: _____

Student's Name

THIS FORM IS REQUIRED FOR REGISTRATION



COVID – 19 Operating Plan & Health Policy

The following guidance is designed to help The Sammamish Montessori School maintain health and safety standards while operating during the COVID-19 endemic, abiding by King County Public Health, CDC, and Department of Children, Youth & Families guidance. Provisions outlined in this plan may be updated periodically.

General Guidance: Sammamish Montessori School will not allow anyone (eg., children, staff, parents or visitors) on-site if they:

- Show symptoms of COVID-19; or
- Have tested positive for COVID-19 in the past 5 days
- Have been told by a public health or medical professional to self-monitor, self-isolate, or self-quarantine because of concerns about COVID-19 infection in the past 5 days

Please keep your child home if they have one or more of these symptoms:

- Fever (a temperature of 100.4 or higher)
- Cough
- Shortness of breath or difficulty breathing
- Chills
- Muscle pain
- Headache
- Runny or stuffy nose
- Sore throat
- Diarrhea
- Vomiting
- New loss of smell or taste
- Or other signs of new illness unrelated to a preexisting condition (such as seasonal allergies)

Students or staff who have **one** symptom of COVID-19 are required to isolate at home. If the symptom resolves in 24 hours they may return to school if:

1. No fever within the past 24 hours (without medication) AND
2. Symptoms have improved

Students or staff who have more than one symptom of COVID should isolate at home and get tested for COVID-19. If they test negative, they may return to school. If they test positive, they must isolate at home for 10 days if symptoms are present. However, an individual may return to school after five days of isolation if:

1. No fever within the past 24 hours (without medication) AND
2. Symptoms have significantly improved, AND
3. They continue to wear a well-fitting mask around others for an additional 5 days

If a student tests positive for COVID-19, the child's parents or guardians must notify The Sammamish Montessori School administration immediately. The school administration will then notify other classroom families about the exposure by email. The name of the individual who tested positive will be kept confidential. The school is required to report all positive cases of COVID-19 among students and staff to Washington State Department of Health.

Health Monitoring: If a child develops COVID-19 symptoms while at school, regardless of vaccination status, they will immediately be isolated from others, asked to wear a mask and supervised by a designated administrator in the office until the parent or child's authorized pick-up person arrives to take the child from school.

Masks: Masks are no longer required to be worn by symptom free students or staff members at SMS. However, students and staff will have the choice to wear a mask at school, with the expectation that the choice to wear or not wear a mask will be respected.



Drop off and Pick up:

- Parents will use an iPad for Sign in and Sign out. iPads are sanitized by a staff member between use.
- Please be on time for drop off and pick up:
 - Morning drop off: 8:45 – 9:00 am
 - Morning pick up: 11:30 -11:45 am
 - Afternoon drop off: 12:30 – 12:45 pm
 - Afternoon pick up: 3:15 – 3:30 pm
- Drop off will occur in the car drop off lanes.
- Late arrivals must be escorted by a parent or an authorized individual to the office for entrance into the school.

Hygiene Practices:

- Children and staff will wash their hands immediately upon arrival at school.
- Handwashing with soap and water for at least 20 seconds are required upon arrival, when entering the classroom, before meals or snacks, after outside time, after going to the bathroom, and prior to leaving for home. Teaching staff will help to ensure children are washing their hands effectively.
- Children, families, and staff should avoid touching their eyes, nose and mouth with unwashed hands.
- Cover coughs or sneezes with a tissue, and then wash hands with soap and water.
- The school provides adequate supplies for good hygiene, including clean and functional handwashing sinks, soap, paper towels, toilet paper and alcohol-based hand sanitizer (used on the playground, only if needed).

Cleaning and Disinfecting Procedures

- Classroom surfaces such as tables, doorknobs, sinks and other shared items are cleaned, sanitized and disinfected throughout the day per licensing guidelines.
- A professional janitorial service thoroughly cleans and sanitizes all classrooms, bathrooms and common areas nightly.

Ventilation

- HVAC system is inspected quarterly.
- Filters are changed on a routine schedule.
- Outside air is increased/inside air recirculation is decreased.

Travel Guidelines: If your child is unvaccinated, and has traveled either domestically or internationally, using public transportation (plane, train, cruise ship, taxi, subway or bus) you must follow these steps to protect our school community from COVID-19:

- Have your child wear a well-fitting mask when traveling on public transportation.
- Get your child tested with a viral test 3-5 days after travel and keep your child home and out of school for 5 days. They may return to school if they test negative and are symptom free.
- If your child tests positive, keep your child home for 5 days. Your child may return to school once they are symptom free.

Children who are fully vaccinated do not need to quarantine after travel and may return to school as long as they are symptom free.

If you are traveling with your unvaccinated child and using your own vehicle, please wear a mask in any public setting, avoid large crowds and wash hands frequently. If your child does not exhibit symptoms and has not been in contact with anyone with a confirmed case of COVID-19 or COVID-19 symptoms, you do not need to test or quarantine your child to return to SMS.



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 endemic, 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 excluded from the school if my child exhibits any symptoms of COVID-19 (fever of 100.4°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, 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 my child has tested positive for COVID-19. I understand that if my child has tested positive for COVID-19, regardless of vaccination status, I must isolate my child at home for a minimum of 5 days, from the start of symptoms or the date of a positive test. I understand that my child may return to school after 5 days of isolation if:

1. Symptoms have improved or they are asymptomatic, AND
2. No fever for the past 24 hours without fever-reducing medication, AND evidence of a negative test, AND
3. Willing to wear a well-fitting mask for 5 days after returning to school.

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

I understand that while SMS is doing its best to maintain health and safety standards, 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 _____