



HAPPY HEARTS MONTESSORI SCHOOL and EARLY LEARNING PROGRAM

Summer 2024 Registration

June 24th to August 9th, 2024 | 8:30am-3:30pm

First Session (4 Weeks): June 24th to July 19th, 2024
Second Session (3 weeks): July 22nd to August 9th, 2024

Full Day : 8:30 am - 3:30 pm

Half Day : 8:30 am - 12:30 pm | 11:30am - 3:30 pm

Before/After Care: 7:30-8:30 | 3:30-4:30

Save your spot!



Call Us
(253) 802-6657



Website Us
www.happyheartsmontessori.com



Visit Us
23855 SE 216th Street,
Maple Valley, WA 98038



Email Us
info@happyheartsmontessori.com



Join us for a fun summer program at our Maple Valley location! Our diverse range of activities includes the standard Montessori curriculum, engaging outdoor games, special arts and crafts projects, nature studies, field trips, and more!

Name of Child: _____ Age: _____



2024 Summer Schedule

June						
Su	Mo	Tu	We	Th	Fr	Sa
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
Su	Mo	Tu	We	Th	Fr	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

August						
Su	Mo	Tu	We	Th	Fr	Sa
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

Summer Program

First Session (4 Weeks): June 24th to July 19th, 2024

Second Session (3 weeks): July 22nd to August 9th, 2024

July 4th: Independence Day, NO SCHOOL

First Day of School Year 2024-2025
September 3rd, 2024 (Tuesday)

School Fees *For new students

*Non-Refundable Enrollment Fee: \$100

*Materials Fee: \$100

- First Session (4 weeks)
- ___ 8:30am-3:30pm = \$1,650
 - ___ 8:30am - 12:30pm = \$1,100
 - ___ 11:30am-3:30pm = \$1,100
 - ___ 7:30am-8:30am=\$150
 - ___ 3:30pm-4:30pm=\$150

- Second Session (3 weeks)
- ___ 8:30am-3:30pm = \$1,238
 - ___ 8:30am-12:30pm = \$825
 - ___ 11:30am-3:30pm = \$825
 - ___ 7:30am-8:30am=\$125
 - ___ 3:30pm-4:30pm=\$125



Happy Hearts Montessori School

MAPLE VALLEY

happyheartmschool@gmail.com

(253) 802-6657 | (253) 709-5988

SUMMER REGISTRATION FORM 2024

Date Child Entered Care:			
Child's Name (Last, First, Middle)		Name Used (Nickname)	Birthdate
Street Address		City	Zip Code
Child's Parent/Guardian Name 1	Cell Phone# () -	Home Phone# () -	Alternate Phone# () -
Street Address		City	Zip Code
Email Address			
Child's Parent/Guardian Name 2	Cell Phone# () -	Home Phone# () -	Alternate Phone# () -
Street Address		City	Zip Code
Email Address			
<p>I give my permission for any of the following individuals to be contacted and my child may be released to any of them.</p> <p>Parent/Guardian Signature: _____ Date: _____</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 Name _____ Phone:()- _____ Address: _____	Child's Last Physical Exam Date (If available)
Child's dentalcare provider or parent's/guardian's preferred medical facility for treatment. Name _____ Phone:()- _____ Address: _____	Child's Last Dental Exam Date (If available)

Known Health Conditions (An individual care plan from child's health care provider is required for any food allergies or special dietary requirement 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
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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 care attendant, when deemed necessary or advisable by the physician or 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
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Happy Hearts Montessori School -Maple Valley

TUITION AGREEMENT FOR SUMMER 2024

Student: _____

Tuition Details

- ❖ Unlike the academic year tuition, which is spread over 10 equal installments, summer tuition is calculated on a weekly basis. If you wish to withdraw from the summer enrollment, please provide two weeks' notice. Tuition is due at the beginning of each session.
- ❖ Tuition includes- Montessori instruction, full-service lunch, snack, supplies, and classroom materials.
- ❖ If the school building closes due to a State of Emergency or by Public Health, HHM will provide remote learning opportunities and family support to match the specific situation and timing to the best of our ability and within reason. In the event of a natural disaster, forces outside our control, mandated closure, or other unforeseen circumstances, we will timely inform HHM families and share a plan specific to the situation.
- ❖ Emergency closures are non-refundable.
- ❖ Families with multiple children attending HHM will receive a 10% tuition discount for younger siblings.

Summer Program Tuition

First Session (4 weeks)
June 24th to July 19th, 2024

8:30am-3:30pm = \$1,650 (Full-Day)

8:30am-12:30pm = \$1,100 (Morning)

11:30am-3:30pm = \$1,100 (Afternoon)

Second Session (3 weeks)
July 22nd to August 9th, 2024

8:30am-3:30pm = \$1,238 (Full-Day)

8:30am-12:30pm = \$825 (Morning)

11:30am-3:30pm = \$825 (Afternoon)

Before/After School Care *We provide additional care in the morning and afternoon for those who require assistance outside regular school hours.*

<p>First Session (4 weeks) <u>June 24th to July 19th</u></p> <ul style="list-style-type: none"> • 7:30-8:30am = \$ 150 • 3:30-4:30pm = \$ 150 	<p>Second Session (4 weeks) <u>July 22nd to August 9th</u></p> <ul style="list-style-type: none"> • 7:30-8:30am = \$ 125 • 3:30-4:30pm = \$ 125
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***Other Fees** *These are for new students starting in the Summer of 2024. This amount will be subtracted from the non-refundable One-Time Registration and Materials Fees if they continue in the coming Fall 2024.*

- Non-Refundable Summer Registration Fee : \$100
- One Time Materials Fee : \$100

Late Fees *Regular pick-up times are at 12:30 for Half-Day Morning children, 3:30 for Half-Day Afternoon children, and 4:30 for children requiring After School Care.*

Late fees are **\$2 every 5 minutes** after the pre- arranged pick-up time (If your child is picked-up late after 4:30pm which is the closing time, your late pick-up charged will be doubled)

School is **CLOSED AT 4:30 PM**. Please make the necessary arrangements to pick up your child before 4:30 pm.

TERMS AND CONDITIONS

Tuition Payment and Responsibility

- Tuition is due by the start of each summer session. If you are unable to pay by the First Session on June 24th and/or the Second Session on July 19th, 2024, it would mean the loss of your child's spot.
- Tuition credit not given due to weather, water or power closure, student illness, or a child absence due to a contagious outbreak related to an immunization exemption, exemption from attendance to a COVID-19, holiday, vacation, or other missed absences.
- School closure or late arrivals due to weather or power outages might not be made up due to time built into our program schedule to meet the requirements.
- Payment may be made via personal, bank check or cash (dropped off in school)
- Returned checks are subject to a \$25 handling fee.
- This contract must be signed by all parents/guardians responsible for the payment of tuition

INITIAL _____

Non-Financial Provisions

- I/We authorize my child to participate in school activities performance, and other school related events
- We may ask for assistance from families, to ensure that we are meeting the nutritional needs a child that has any food related allergies, intolerances, religious , or family choices that impact their diet.
- HHM may end a child's enrollment:
 - If an authorized pick-up person, family member, or other connected adult's behavior, violated our mission and expectation of school behavior
 - If the information provided to school is not truthful or complete, including any details that may affect the child's experience and success in the school
 - Information will be provided to any parent/guardian that has legal responsibility for a child's education.

INITIAL _____

Regulations

- The Department of Children, Youth and Families (DCFY) requires all students to be checked in and out of school each day by an approved drop off/pick up person or an authorized staff member. All parents and family members that pick-up should have a classroom app installed on their phones
- All children are required to meet Washington State requirements for school admission regarding health (providing allergy or other medical information) and immunization status.

INITIAL _____

Acceptance of Tuition Payment Schedule and Terms & Conditions

I/We would like to enroll _____ as a student of HHM for the Summer Program 2024. By signing this document, I/we have read and agree to the Terms and Conditions outlined in this agreement.

My child's summer tuition will be:

Parent/Guardian #1 Signature

Date

Parent/Guardian #2 Signature

Date

Happy Montessori School Director

Date