



Crescent Islamic Montessori School

www.cimschool.com

Phone: 503-649-4596

Email: cimsadmin@cimschool.com

Summer School 2024 - Enrollment Form

Crescent Islamic Montessori School does not discriminate on the basis of race, national and ethnic origin in administration of its educational policies, admission policies, scholarship, and loan programs.

Student Information

Enclosed Tuition: YES / NO

Name: _____		
_____	_____	_____
Last	First	Middle
Gender: Male	Female	Birth Date: ____/____/____
Program: Monthly: Monday-Friday (9am-1pm)	Weekly: Monday-Friday (9am-1pm)	
Special Camp: From 07/01 to 07/12		

Family Information

Father's Name: _____		
Father's Email ID: _____		
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Mother's Name: _____		
Mother's Email ID: _____		
Home Phone: _____	Work Phone: _____	Cell Phone: _____
Address: _____		
_____	_____	_____
Street		Apt.

_____	_____	_____
City	State	Zip
Language (s) spoken at home: _____ # of siblings: _____		
Ages of Siblings: _____		

All electronic communications from school will be sent to the mother's email unless you specify otherwise.

Start Date: ____ / ____ / ____

End Date: ____ / ____ / ____

Student Health Information

Health Insurance provider: _____
Physician's Name: _____
Physician's Phone #: _____
Medications taken regularly: _____
Special Needs: _____

Allergies if any - Please give complete & relevant details (This is very important):

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Emergency Release of Student

In the event of an emergency or any other major disaster: I, _____,
Authorize Crescent Islamic Montessori School to release my child, _____,
to the following adults as long as I am unable to be contacted.

NAME	NAME
ADDRESS	ADDRESS
PHONE	PHONE
Relationship to child	Relationship to Child

Emergency Treatment Release

If emergency treatment is required and none of the authorized adults listed on this form or none of the legal guardians can be contacted, I hereby authorize the staff of Crescent Islamic Montessori School to call my child's physician and obtain emergency medical treatment. I also authorize the staff of Crescent Islamic Montessori School to call an ambulance or transport my child to a hospital.

X _____
(Parent/legal guardian) _____ Date _____

Non-Emergency Release of Student

(If child needs to be picked up by someone other than parent)

Name:	Name:
Phone:	Phone:

I hereby affirm that all information given to Crescent Islamic Montessori School is current and true to the best of my knowledge.

X _____
(Parent/legal guardian) _____ Date

Unique facts:

The summer school will be from **June 14th** to **August 23rd** for ages from 2.5 years up to 12 years.

At the time of the registration and along with the registration fee, CIMS requires the payment of the first month's tuition, special summer-camp tuition, or weekly fee in case of monthly, special camp, or weekly enrollment respectively. These payments are **non-refundable**.

The school also provides an early and late pick-up service for students at the nominal charge of **\$10/hour** for primary students and **\$12/hour** for toddler students.

CIMS offers an amazing **\$50 discount** for second sibling and **50% discount** for the third sibling attending the summer school.

Payment Options:

Options	Duration	Days	Hours	Tuition
Option 1	Monthly	Monday - Friday	9 am – 1 pm	\$625 / month
Option 2	Weekly	Monday - Friday	9 am – 1 pm	\$200 / week
Option 3	Special Camp	07/01 To 07/12	9 am – 1 pm	\$450 / 2 weeks
Service Type		Fees		
Extended Care Services		\$10.00 per Hour (primary class) \$12.00 per Hour (toddler class)		

Payment Option 1:

I agree to pay \$625 per month for the summer school - Monday through Friday from 9 am to 1 pm.

X _____
(Parent/legal guardian) _____ Date

Payment Option 2:

I agree to pay \$200 per week for the summer school - Monday through Friday from 9am to 1 pm.

X _____
(Parent/legal guardian) _____ Date

Payment Option 3:

I agree to pay \$450 for the special summer camp - Monday through Friday from 9 am to 1 pm.

X _____
(Parent/legal guardian) _____ Date

Playground Permission Slip

As the Parent(s) or legal guardian(s), I/we the undersigned, hereby release and agree to defend and hold harmless CIMS, its officers, agents and employees, including parents or any volunteers from any claims from any person, entity or estate, in any forum that may arise against them by reason of property loss or injury and/or death resulting from any cause including but not limited to the student or other students having failed to properly carry out instructions from the facilitator(s), except for those which occur because the facilitator(s) negligently failed to take responsible steps available them to protect the student from an immediate substantial hazard actually known to the facilitator(s).

X _____
(Parent/legal guardian)

Date

Photo & Video Consent Form

CIMS students are regularly photographed / videotaped while performing various school activities. We are seeking your consent to be able to use and reproduce captured media (photographs / videos) of your child in print form and / or electronically. These photographs / videos will usually appear at / on public functions (i.e., fundraisers), pamphlets, newspapers, CIMS website, the CIMS Facebook page etc. Please select one of the options below and sign/date in the field(s) provided.

Option 1: Agree:

I agree to allow CIMS to use, reproduce and / or disclose the photographs / videos of my child in the manner explained above.

X _____
(Parent/legal guardian)

Date

OR

Option 2: Do not agree:

I do not agree to allow CIMS to use, reproduce and / or disclose the photographs / videos of my child in the manner explained above.

X _____
(Parent/legal guardian)

Date

Parent Handbook/Policies Review

I agree to review CIMS Parent Handbook and policies available for review at school/download on CIMS website (<http://cimschool.com>) and agree to abide by the rules and regulations of Crescent Islamic Montessori School (CIMS). By signing below, I acknowledge that I have reviewed a copy of the current license certificate for the school.

X _____
Parent Name (print)

Parent/legal guardian (signature)

Date

All forms to be accompanied by \$20 registration fee

Crescent Islamic Montessori School
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