



Crescent Islamic Montessori School

www.cimschool.com

Phone: 503-649-4596

Email: cimsadmin@cimschool.com

Toddler-Class Enrollment Form 2024-2025

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 Registration Fee: YES / NO

Name:	_____		
	Last	First	Middle
Gender:	Male	Female	Birth Date: ____/____/____
Attendance Schedule:	Half-Day Program	Full-Day Program	

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.

Admission Start 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):

Any Developmental or Health Problems? – If yes please list:

Any Tantrums or Fears? _____ If yes, please list the best way(s) to comfort your child:

Feeding / Sleeping Schedule

Time	Food Type	Sleep

Toilet / Diapering Schedule

Type	Time	Comments

Student Immunization Record *(Please skip this section and fill out CIS form instead)*

Immunization	1 st dose	2 nd dose	3 rd dose	4 th dose	Booster
DOT.DtaP. DT. TD					
HIB					
Polio (TOPV. IPV)					
MMR					
Hepatitis B				XXXXX	XXXXX
Hepatitis A				XXXXX	XXXXX
Influenza			XXXXX	XXXXX	XXXXX
Chickenpox			XXXXX	XXXXX	XXXXX
Pneumococcal		XXXXX	XXXXX	XXXXX	XXXXX

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: Admission to the school is open from September to June of the academic year, depending on spots availability.

To ensure a seat, parents are encouraged to register the student in advance and pay the annual registration fee of \$75 along with the tuition of the first month.

The annual tuition for the school year is payable for 10 months only from September to June. The monthly tuition is still required in case of absence or travel. If student dropped out of the program, a new registration will be needed to return to class.

Toddler-class students are offered a half-day program from 9:00 am to 12:30 pm and a full-day program from 9:00 am to 6:00 pm.

The school also provides an early drop-off and late pick-up service for students only from 7:30 am to 9:00 am and from 12:30 pm to 6:00 pm at the nominal charge of \$12/hour.

CIMS requires every parent to volunteer their time and talent for the progress of the school, and assist the school in fund raising activities through the year.

CIMS offers an amazing **\$50/month discount** for the second sibling attending school (that is a \$500 annual savings), and **50% discount** for the third sibling.

\$200 discount is given for tuition paid in one annual installment for the full year paid on September, or **\$100 discount** is given for tuition paid in two installments in September & February.

CIMS requires that the tuition of the **first** month is paid with registration. The tuition of **last** month (June 2025) will be paid on first month of attendance. Both payments are **non-refundable**.

Financial Aid: CIMS is a non-profit school and strives to assist the community in educating their children. A limited number of full and half scholarships are offered to students based on need. Financial aid applications should be submitted every year along with latest tax returns and relevant proof of income.

Service	Fees
Registration Fee	\$75 per child per year
Monthly-Tuition Late Payment Fee	\$5 per day (\$25 max)
School Supplies Fee	\$200 per child
Extended Care Services from (7:30-9:00 am)	\$12.00 per Hour
Extended Care Services from (12:30-6:00 pm)	\$12.00 per Hour
Drop-In Care Services from (7:30-6:00 pm)	\$20.00 per Hour

Monthly Payment Options: (Please Circle Your Choice)

Program	Monthly Payments (10 months)	Semi-Annual Payments (\$100 savings)	Annual Payments (\$200 savings)
Toddlers (ages 2.5-3.5) Half-day Program	\$750	\$3700	\$7300
Toddlers (ages 2.5-3.5) Full-day Program	\$1400	\$6950	\$13800

Payment Option 1: Tuition paid in full (annually) with a \$200 savings on total tuition:

X _____
(Parent/legal guardian) Date

Payment Option 2: Tuition paid in 2 installments (semi-annual) with a \$100 savings on total tuition:

I agree to make 2 equal payments on September and February of the academic year

X _____
(Parent/legal guardian) Date

Payment Option 3: Tuition paid in 8 monthly installments:

I agree to make 8 monthly payments from October to May of the academic year.

X _____
(Parent/legal guardian) Date

I agree to pay the tuition of the *first* month with registration and the tuition of the *last* month on September or at the beginning of attendance.

X _____
(Parent/legal guardian) Date

The number of days my child attends school in the month will not affect the monthly payment. Tuition fee for the entire month is payable, regardless of the date on which the child joins school. I agree to pay the 10th installment in September even though school will end in the middle of June.

I agree to make the monthly payments by the seventh day of the month. I understand that I will be charged a late fee of \$5 a day not exceeding \$25 per month until the amount is paid.

There is a 5-minute grace time for early drop off or late pick up. A fee of \$1.00 for every minute will be charged after the grace time, with maximum of \$15 per day.

I understand that if I am late for my child's pick up from school after 6:00 pm, I should call and inform the school, or pay a late fee of \$20 for every 15 minutes of delay subject to a maximum of \$100 per day.

Families should inform the school in writing and present relevant documentation if they need to withdraw their child prior to the end of the school year. The decision of the school authorities is final and parents are liable to pay tuition for the full academic year except for any of the reasons listed below:

- a. Serious illness of child.
- b. Permanent transfer / displacement from the community.
- c. Other unforeseen circumstances upon approval by the School Board.

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 to them to protect the student from an immediate substantial hazard actually known to the facilitator(s).

X _____
(Parent/legal guardian)

Date

Volunteer Participation Slip

I agree to volunteer and participate in the ongoing fund-raising activities and other school activities. If for some reason I am unable to do so, I agree to pay the school \$100 in the month of May, before closure of school for summer. The list of volunteer activities is available on the website.

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)

X _____
Parent/legal guardian (signature) Date

All forms to be accompanied by \$75 registration fee and one month tuition

Crescent Islamic Montessori School
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