



2025 KIDS summer CAMP

JUNE 23 - AUGUST 8
8:30am to 3:30 pm*

Calling all little explorers aged 2.5 to 6 years! Dive into an exciting summer program filled with exploration and discovery. Our diverse activities feature the beloved Montessori curriculum, engaging outdoor games, special arts and crafts projects, and fascinating nature studies!

Don't miss out on the adventure—come create unforgettable memories with us! Sign up today! 🌈



☀️ Join Us for a Summer of Fun at Happy Hearts Montessori School! 🌻

**23855 SE 216TH ST
MAPLE VALLEY, 98038**

☀️ **253-802-6657**

info@happyheartsmontessori.com

CONTACT US



**We also offer half day options & extended care*

JUNE 23 - AUGUST 8, 2025



KIDS summer CAMP



SESSION 1: JUNE 23 - JULY 18

JUNE 23 - 27

JUNE 30 - JULY 3

JULY 7 - 11

JULY 14 - 18



It's All About STEM!



Happy Birthday America!



Music & Movement



Arts & Crafts



SESSION 2: JULY 21 - AUGUST 8

JULY 21 - 25

JULY 28 - AUGUST 1

AUGUST 4 - 8



Cooking Frenzy



Games Galore



Beach & Travel Fun

**8:30am to
3:30 pm**

We also offer half day options & extended care

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FOR MORE INFORMATION: **253-802-6657**

**Themes are subject to change without prior notice.*



KIDS
summer
CAMP



J U N E 2 3 - A U G U S T 8 , 2 0 2 5



Name of Child: _____ Age: _____

Summer Program

First Session (4 Weeks): June 23rd to July 18th, 2025

Second Session (3 weeks): July 21st to August 8th, 2025

July 4: Independence Day, NO SCHOOL

**First Day of School Year 2025-2026
September 2nd, 2025 (Tuesday)**

School Fees

**For new students*

*Non-Refundable Enrollment Fee: \$100

*Materials Fee: \$100

First Session (4 weeks)

June 23-July 18

- ___ 8:30am-3:30pm = \$1,700
- ___ 8:30am - 12:30pm = \$1,150
- ___ 11:30am-3:30pm = \$1,150
- ___ 7:30am-8:30am=\$150
- ___ 3:30pm-4:30pm=\$150

Second Session (3 weeks)

July 21-August 8

- ___ 8:30am-3:30pm = \$1,300
- ___ 8:30am-12:30pm = \$900
- ___ 11:30am-3:30pm = \$900
- ___ 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 2025

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#
<p>These individuals also have permission to pick up my child:</p>			
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 2025

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 23rd to July 18th, 2025

8:30am-3:30pm = \$1,700 (Full-Day)

8:30am-12:30pm = \$1,150 (Morning)

11:30am-3:30pm = \$1,150 (Afternoon)

Second Session (3 weeks)
July 21st to August 8th, 2025

8:30am-3:30pm = \$1,300 (Full-Day)

8:30am-12:30pm = \$900 (Morning)

11:30am-3:30pm = \$900 (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 23rd to July 18th</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 21st to August 8th</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 2025. This amount will be subtracted from the non-refundable One-Time Registration and Materials Fees if they continue in the coming Fall 2025.*

- 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 23rd and/or the Second Session on July 21st, 2025, 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 2025. 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