



Enrollment Registration Information

ENROLLMENT REGISTRATION INFORMATION

Pages 1 and 2 must be updated every February and August.

Picture

Parent Updates _____ (Initial) (Date)
Parent Updates _____ (Initial) (Date)
Parent Updates _____ (Initial) (Date)

School Code: _____

Date of Registration: _____

Date of Termination Status: _____

CHILD INFORMATION

Name of Child (Last, First, Middle Initial): _____

Nickname: _____ Age: _____ Sex: _____ Date of Birth: _____

Child's Primary Language: _____ Parent/Guardian's Primary Language: _____

Home Email Address: _____ Home Phone: _____

Child's Home Address: _____

Parent/Guardian Marital Status: Single Married Divorced Widowed Primary Residence: Mother Father Both Guardian _____

List the family members your child lives with—include names and ages of siblings: _____

Circle Days to Attend: AM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

PM MON TUES WED THU FRI Arrival Time: _____ Departure Time: _____

Meals While in Care: Breakfast _____ A.M. Snack _____ Lunch _____ P.M. Snack _____

PRIMARY CONTACT AND RELEASE PERSONS

Parent/Guardian #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Parent/Guardian #3: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Driver's License Number/State: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Name of Child: _____

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Date: _____

Parent/Guardian Signature: _____

ENROLLMENT REGISTRATION INFORMATION

EMERGENCY CONTACT AND RELEASE PERSONS

Please notify the school if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/she is the parent of the child.

Name #1: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Name #2: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

Name #3: _____ Relationship to Child: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ Home Email Address: _____

Gov Issue Photo ID Type: _____

Employer: _____ Employer's Address: _____

Work Phone/Extension: _____ Work Hours: _____

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state child care licensing regulations.

- School staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information to verify your identity.
- For all children's safety, it is critical to use your secured access to enter the building and sign in your child in and out according to state child care licensing regulations. To ensure the safety of our school's staff and children, please do not share your secured access with anyone else.
- Please notify emergency contacts that they must bring government-issued identification when they pick up your child.
- If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the child is picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please contact your Director for additional information.

Name of Child: _____

Rev 6/2010



Date: _____

Parent/Guardian Initial _____

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ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): _____ Date of Birth: _____

Parent/Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____**REGISTRATION FEE:** I understand that an annual, non-refundable, Registration Fee of \$_____ shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than _____ each year. I also understand that I am responsible for a non-refundable supply fee of \$_____.

_____**TUITION and MODIFICATIONS CONDITIONS:** \$_____ per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state specific required time frames on tuition and modifications notices.

_____**PAYMENT OF TUITION:** I understand that tuition is due and payable, by the fifth day business day of each month. I understand that the tuition is based on a formula which spreads the school year tuition over the academic year calendar. I understand that there is no reduction in monthly tuition for months including holidays, sickness, vacations, and emergency closings.

_____**LATE OR UNPAID TUITION:** If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.

_____**CHARGES AND PROCEDURE FOR LATE PICK-UP:** My school is open from _____ am to _____ pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen minute period, per child, until the child is picked up.

_____**ADDITIONAL FEES:** I understand that children enrolled in summer programs, children attending during scheduled school breaks, and children attending after-school programs may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. Please consult the Director for details.

_____**RETURNED CHECKS:** I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be automatically resubmitted electronically up to three times. I further understand that once a check has been processed electronically, the check is no longer negotiable and will not be returned. If more than two checks are returned within a six month period, I will be required to pay by an alternate method of payment for the next six month period. If my school uses Telecheck, I am authorizing the payee, or its agent, upon receipt of my check, to convert the check to an electronic payment item or draft and to submit it for payment as an ACH debit entry or draft to my account, in accordance with the same terms and conditions as my check. In the event that my check is returned for non-payment, Telecheck will make up to two additional electronic collection attempts and, if needed, by paper draft thereafter. The maximum fee allowed by state law will be charged for all returned checks. I am responsible for the principal amount plus all returned check fees.

SECTION 2: DAILY PROCEDURE

_____**DAILY PROCEDURE:** I agree to sign my child in and out every day using the school's attendance procedure (provided that I am not participating in the carline). If I am not in the carline and neglect to do so, I may be charged a maximum fee of \$5.00. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

_____**ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the Re-admission Criteria in the Family Handbook.

_____**MODEL RELEASE:** The company, its agents, affiliates, and licensees, may may not use photographs, reproductions, images or sound recordings of my child for advertising, publicity or any other lawful purpose.

_____**PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on company property, I shall only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings. I also understand that I must have written permission before capturing any image of the other children in the school or staff.

_____**INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

_____**WITHDRAWAL:** I understand that I must provide a thirty (30) day written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for thirty (30) days, whether or not my child attends. I understand that when my child is withdrawn, s/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration or Activity) are non-refundable.

Original—Remains in Packet Yellow Copy—Parent

Name of Child: _____



Date: _____

Rev 6/2010

Parent/Guardian Initial _____

ENROLLMENT REGISTRATION INFORMATION

SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

_____ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the day after Thanksgiving, and Christmas Day. School closings outside of this list may vary by location and are posted on the school calendar. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for any absences (i.e. sickness). My regularly contracted tuition is due for all weeks when my child attends any part of the week. I also understand that if I withdraw my child during a vacation or extended absence, my child's placement is not guaranteed and I will be required to pay a new non-refundable registration fee upon return.

_____ **INCLEMENT WEATHER OR OTHER DISASTERS:** I understand that it is the company's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issue may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

_____ **FAMILY HANDBOOK:** I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void.

We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided thereunder, is available from the Director.

These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Name: _____

Director Signature: _____ Date: _____

Original—Remains in Packet Yellow Copy—Parent

Name of Child: _____



Date: _____

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Parent/Guardian Initial _____

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ENROLLMENT REGISTRATION INFORMATION

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of an emergency requiring a physician's care, would you like us to call your family physician?

Yes _____ No _____ If yes, please provide the following information:

Physician's Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

I (we) _____ and _____, do hereby state that I am (we are) parent(s)/legal guardian(s) of _____, a minor child age _____, born on _____, who resides with me (us) at _____ . I (we), _____ authorize, for emergency purposes only, a school-designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of _____.

Last Tetanus/Diphtheria Booster: _____

Allergies to drugs, foods or other: _____

Please list any special medications or pertinent information: _____

Parent/Guardian signature: _____

Appeared before me and produced _____ as identification. Date: _____

Director Signature: _____ Print name: _____

AUTHORIZATION FOR TRANSPORTATION, FIELD TRIP OR EMERGENCY

We may plan special field trips for the children away from the school. These trips are carefully arranged and shall be supervised by an adequate number of adults. This includes children taking walks and infants strolling in their buggy. You will always receive advanced notice of ALL field trips. We have your permission to take your child, _____, on these field trips.

For emergency purposes, we have permission to evacuate the premises. Our emergency evacuation site is posted in each school.

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY:

We have permission to pick up your child, _____, on a daily basis from _____ school and take him/her on field trips.

Transportation off-school grounds is only provided for children at least 4 years old and 40 pounds or more. By signing this, you are certifying that your child is at least 4 years old and 40 pounds or more.

Parent/Guardian Signature: _____ Date: _____

Witness: _____ Date: _____

Name of Child: _____

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Date: _____

Parent/Guardian Initial _____

ENROLLMENT REGISTRATION INFORMATION

CHILD PROFILE

Child's Name: _____ Age: _____ Date: _____

You know your child better than anyone else in the world! You have observed your child on a day-to-day basis and are uniquely qualified to share your insight about your child's development with us. Please take a moment to complete this profile, as the information will help us know your child better and to meet his or her individual needs.

1. What would you like most for your child to experience with us?

2. What does your child enjoy doing the most?

3. What are your child's favorite toys?

4. With whom does the child reside? Please list names and relationships to child, and names and ages of other children:

ADULTS: Name: _____ Relationship: _____
Name: _____ Relationship: _____
Name: _____ Relationship: _____

CHILDREN: Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

5. Who also cares for your child(ren)? _____

6. What language is spoken in your home? _____

7. Does your child have any medical or physical needs? Explain:

8. Does your child have any allergies? Explain:

9. What are the foods your child likes best? _____
Least? _____

10. What are your child's mealtime routines at home? _____

11. How many hours of sleep does your child receive at night? _____

12. Does your child need to be awakened in the morning to attend the school? _____

13. What are your child's sleeping arrangements? Check appropriate answer.
 Own room Shares room with _____ Sleeps in crib Sleeps in bed

14. What are your child's bedtime rituals? _____

ENROLLMENT REGISTRATION INFORMATION

15. Does your child take naps? Yes No How long? _____
16. Does your child need a favorite item (such as a blanket) for a nap? Yes No
If so, does your child have a special name for it? _____
17. What words are spoken in your house for toileting? _____
18. How does your child express anger or react to frustration? _____
19. Does your child have any particular fears? _____
20. How does your child react to change (such as being left by parents)? _____

21. How does your child comfort himself/herself? _____
22. What are your child's play interests (preference for creative, dramatic or construction play)? _____

23. How do you discipline your child? _____

24. When did your child begin to use language? _____
25. How would you describe your child (personality characteristics)? _____

26. What do you enjoy the most about your child? _____
27. Is there anything else in your child's experience you would like to tell us so we can better meet your child's needs?

28. Has your child had previous preschool experiences? _____
29. Are you available to help us with field trips or other special events? _____
30. Do you have a special interest or hobby you would like to share with the children? _____

Parent/Guardian Signature: _____ Date: _____

ENROLLMENT REGISTRATION INFORMATION

MEDICAL INFORMATION

MEDICAL HISTORY

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Distinguishing Marks: _____ Date of Birth: _____

1. Medication that will be administered regularly at the school: _____

2. Special Dietary Needs:

3. Is your child able to walk? Yes No Explain: _____

4. Can your child effectively communicate his or her needs? Yes No Explain: _____

5. Is your child toilet trained? Yes No

Please provide special instructions concerning any other illnesses, as necessary: _____

Allergies (please check and list all that apply)

Medications Reaction: _____

Food Reaction: _____

Other: _____ Reaction: _____

Are any of the allergies severe or life-threatening? Yes No If yes, please provide special instructions:

MEDICAL CARE PROVIDER/FACILITY

I hereby give consent for the facility to secure any and all necessary emergency medical care for my child. In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child and seek medical attention.

Parent/Guardian Initials: _____ Date: _____

Primary Care Physician Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Preferred Hospital/Clinic for Acute Care and Emergency Care: _____

Dentist Name: _____ Practice/Clinic Name: _____

Address: _____ Phone: _____

Health Insurance Provider and Policy Number: _____

Secondary Health Insurance Provider and Policy Number: _____

Per state regulations, a written statement is required for waiver of immunization requirements.

Name of Child: _____

Rev 6/2010



Date: _____

Parent/Guardian Initial _____

ENROLLMENT REGISTRATION INFORMATION

ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and Family Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

OBTAIN SIGNED FORMS FROM FAMILY

- Standard Enrollment Packet
- Permission form for after school pick-up, field trips & emergency care (including verification of age and weight)
- Authorization for Student Pickup
- Child Information Card
- Family Handbook
- Montessori Enrollment Agreement
- Other State or Federal required forms: _____

REVIEW WITH FAMILY

- | | |
|--|--|
| <input type="checkbox"/> The child's first day | <input type="checkbox"/> Annual registration fee |
| <input type="checkbox"/> Child guidance and classroom management (discipline policy) | <input type="checkbox"/> Late fees |
| <input type="checkbox"/> Tuition payment schedule, amounts and due dates | <input type="checkbox"/> Vacation policy |
| <input type="checkbox"/> Parent conferences and other communications, what to expect daily and/or weekly | <input type="checkbox"/> Special needs |
| <input type="checkbox"/> Process and Procedures of Security Access | <input type="checkbox"/> Absenteeism policy |
| <input type="checkbox"/> Authorized pickup, late pickup policy and emergency controls | <input type="checkbox"/> Sick policy |
| <input type="checkbox"/> Child Custody Documents (<i>if applicable</i>) | <input type="checkbox"/> Meals |
| <input type="checkbox"/> Clothing and other items to bring (labeled) | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Any pickup restrictions | <input type="checkbox"/> Security deposit (<i>if applicable</i>) |
| <input type="checkbox"/> Any field trip restrictions | <input type="checkbox"/> Medication policy |
| <input type="checkbox"/> Any photo restrictions | <input type="checkbox"/> Relevant curriculum features for child's age group |
| <input type="checkbox"/> Immunization/Health information | <input type="checkbox"/> Infant/Toddler Needs Services Plan (<i>if applicable</i>) |

The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Montessori Unlimited's policies.

Name of Parent/Guardian: _____ Signature: _____

Relationship: _____ Date: _____

Name of Director: _____ Signature: _____

Date: _____

