



**MONTESSORI HOUSE**  
FOR CHILDREN

**ENROLLMENT FORM 2017 /2018 SCHOOL YEAR**

Please Print Clearly – ALL BLANKS Must be Completed Prior to Submission

Student's Name			First	Last	Application Date			
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Birth date			Nickname			
Returning Student <input type="checkbox"/>		New Student <input type="checkbox"/>			Family Cultural Origin/Language Spoken at home:			
Home Street Address				City		State	Zip	
Siblings Attending MHFC								
Program Information <input type="checkbox"/> Toddler <input type="checkbox"/> Early Childhood <input type="checkbox"/> Academic 8:30-2:30 <input type="checkbox"/> Full 6:30 -6:00								
Father's First Name			Last Name			Mother's First Name		Last Name
Home Phone				Home Phone				
Cell Phone				Cell Phone				
Email Address				Email Address				
Employer				Employer				
Occupation				Occupation				
<p><b>Emergency Treatment</b></p> <p>If, in the judgment of Montessori House for Children (including it's directors, officers, agents and representatives), the child (whose name appears on this application) needs immediate care and treatment as a result of an accident, injury, illness or other medical reason while at school or an off-site school-related event, I/We (parent(s) or legal guardian) hereby request, authorize, consent, and otherwise grant permission to Montessori House for Children to render or obtain care for the student. I/We, authorize Montessori House for Children to obtain transportation for the student by ambulance, life flight or by other means when necessary for the child's safety or well-being. I/We shall reimburse Montessori House for Children for any costs associated with such treatment or transportation. I/We hereby release Montessori House for Children from liability and shall indemnify and hold the school harmless for any injuries, accidents, or other harm that may result from such care and treatment or transportation of the child.</p>								
Father Signature _____				Mother Signature _____				
Child's Physician			Phone:		Address			
<p><b>Emergency Contact &amp; Pick-up Permission</b></p> <p>Please list people Montessori House for Children should contact in the event of an emergency if unable to reach a parent or guardian. I hereby authorize Montessori House for Children to allow my child to leave the school with the following persons:</p>								
Name:		Name:			Name:			
Relationship:		Relationship:			Relationship:			
Primary Phone:		Primary Phone:			Primary Phone:			
Secondary Phone:		Secondary Phone:			Secondary Phone:			

**Consent for Field Trips:** I hereby  give or  do not give - consent for my child to participate in field trips (permission for off-site field trips is requested on each individual field trip in addition to having this section checked.)

**Consent for Water Activities:** I hereby  give or  do not give – consent for my child to participate in supervised water activities:  Sprinkler play  Water Table play

**Consent for inclusion in School Directory**

I hereby  give or  do not give - consent for Montessori House for Children to publish our child's name, phone number and address in the school directory. (The main reason families request directories is to send out birthday party invitations, schedule play-dates or coordinate volunteer activities.)

**Consent for School Photography**

I hereby  give or  do not give - consent for my child to be included in school photography used in school marketing materials and school website.

**Consent for Internet & Social Media**

I hereby  give or  do not give- consent for my child to be included in school video's or photos that may be displayed on the school's Facebook page or other social networking forums. (Names will not be posted of individual children)

**Consent for Topical Ointments/Creams/Sprays:** I hereby give consent for my child to have the following applied whenever necessary (please check):  Sunscreen  Rash Creams  Insect Repellant  Antibiotic ointment

**Medical Information:**

I/We (parent(s) or guardian) agree to abide by the medication policy set forth by Montessori House for Children (Parent Handbook). We acknowledge that Montessori House for Children will administer medication and render treatment in good faith as prescribed or ordered by the child's physician. I/We understand Montessori House for Children and its directors, officers, employees, representatives and agents are not licensed health care professionals and have not been trained to identify and treat specific illnesses or medical emergencies other than those that may be required by law for private schools. I/We hereby release Montessori House for Children from liability for any act or omission of the school that may result in harm to the child as part of administering medication, providing medical treatment or medical assistance to the child.

Does your child regularly require any medication?  No  Yes If yes, please explain:

Please list allergies and severity:

Please describe any special needs of your child (including food preferences like Vegetarian, no pork, etc.)

**Health Statement:**

Prior to the first day of school the Health Statement is an admission requirement for new students only.

- A signed and dated copy of a health care professional's statement is attached.

The immunization record is required to remain current while your child is in attendance. Please submit updated shot records as they occur. Please check one:

- I have attached a complete immunization record for my child.
- I have attached a signed and dated affidavit for exemption from immunization.

**If your child is 4 years or older by September 1<sup>st</sup> of the current school year:** Hearing/Vision screening must be on file. Check one of the following:

- My child is not 4 years by September 1<sup>st</sup> of current school year.
- My child is 4 years and needs to be screened.
- I have attached a copy of screening performed in past year.

**Receipt of Written Operational Policies**

I (we) hereby acknowledge receipt of Montessori House for Children's Parent Handbook and Financial Agreement. Our enrollment is our acceptance of these policies and procedures.

Signature of parent/legal guardian \_\_\_\_\_ Date \_\_\_\_\_

# Montessori House for Children Financial Agreement

My signature below signifies my intention to enroll \_\_\_\_\_ in the following program  
 Toddler  Early Childhood  
at Montessori House for Children for the **2016-2017** academic year subject to the following enrollment contract terms:

## Current Student Re-enrollment:

Re-enrollment Feb 1 – 15: A non-refundable re-enrollment fee of \$100.00 plus material fees are due upon submittal of reenrollment.

Re-enrollment after Feb 15: A non-refundable security deposit fee is due upon submittal of re-enrollment\*

## New Students:

A non-refundable security deposit fee is due upon submittal of enrollment forms\*

\* The Security Deposit will be applied to the last month of the final academic term attended at MHFC, provided 30 days written notice is given. If, for any reason the student withdraws or is required to withdraw prior to the last month of the academic term the deposit is non-refundable. (For extended-day Toddlers and EC students the academic term ends in May. For full-day Toddlers, the academic year ends in July.)

In accepting this Agreement, the undersigned accepts responsibility for timely payment of the annual tuition associated with your child's program in the amount of \$\_\_\_\_\_ for the 2016-2017 school year.

## Select your choice of payment Options:

### TODDLER

(Extended-day) Ten Installments due Aug 1 through May 1\*\*

(Full-day) Twelve Installments due Aug 1 through Jul 1

### EARLY CHILDHOOD

Semester Payments due Aug 1 & Jan 1

Ten Installments due Aug 1 through May 1\*\*

\*\*The 10 month payment schedule is formulated by: **Annual Tuition ÷ 9.5** with the .5 payment due Aug. 1 and the remaining 9 payments due Sept. 1 through May 1.

Tuition is late when received five (5) calendar days after the due date. A late fee of 10% is applied after the grace period. The school reserves the right to suspend attendance or withdraw a child if tuition is not paid within 10 calendar days of the due date. A bank service fee of \$25 is charged for returned checks.

A 10% tuition discount is applicable for a sibling (on the lower tuition)

Refunds or allowances in tuition will not be made to compensate for extended absences in the event of illness, vacations, inclement weather, school holidays or other circumstances.

Montessori House for Children reserves the right to terminate the enrollment contract if:

- The parent or guardian does not consistently follow policies, procedures and guidelines as stated in the Parent Handbook;
- The student's behavior, or lack of cooperation, is deemed unacceptable;
- The student poses a physical or psychological threat to themselves, staff, or another child within the school environment;
- Tuition payments are not paid;

I have read and understand the above terms of the Enrollment Contract and agree to abide by the policies and procedures as stated above and those stated in the Parent Handbook. I agree that I am responsible for the payment of tuition and fees for the 2016-2017 school year.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Dated