

Montessori of Surprise

Registration 2011-2012

Student Information

Name: _____

Date of Birth: _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____

Male _____ Female _____

Family Information

Mother/Guardian: _____

Lives With Child? _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Employer: _____

Phone: (____) _____

Occupation: _____

Email: _____

Father/Guardian: _____

Lives With Child? _____

Address: _____

City: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

Employer: _____

Phone: (____) _____

Occupation: _____

Email: _____

Siblings: _____ Ages: _____

Program Information

Half Day 9-12 _____

Hours: _____ a.m. to _____ p.m.

Basic Day 9-3 _____

Extended day 6:30-6 _____

Desired Start Date: _____

I have read and agree to the school policies listed on the reverse side*Note: If both parents are responsible for child, both must sign.

Mother/Guardian _____

Date _____

Father/Guardian _____

Date _____

Office Use Only	Received
Monthly Tuition	\$ _____
Registration Fee	\$ _____
Material Fee	\$ _____
TOTAL PAYMENT	\$ _____

TUITION AND FEES: Enrollment in our program is 5 days per week.

Annual Fees

Registration (Annual fee per family): \$100. The Registration fee includes administrative costs.

Materials (Annual fee per child): \$50 for preschool and toddler \$150 for elementary. This contributes to materials purchased throughout the school year, cultural units and as the teacher's monthly allowance.

Tuition	Annual	2 Payments	10 Payments
Half Day 9-12	\$6000	\$3000	\$600
Basic Day 9-3	\$7250	\$3625	\$725
Extended Day 630-6	\$8250	\$4125	\$825

- Toddler Program is an additional \$50 per month
- Elementary Program is a full day program

Tuition is annual, however it may be divided into 10 monthly payments; due on the 20th of the month prior to attendance. The monthly tuition is the same amount each month; some months may have less days of instruction due to holidays or breaks. **Tuition is the same for these months.**

POLICIES

FINANCIAL

- The Registration form is valid only if accompanied by the required fees.
- The Registration Fee and Material Fees are not refundable.
Initial _____
- Tuition is calculated on a full-term basis. You have the option to pay the tuition in one payment, two payments or ten monthly payments. The school term is August thru May.
Initial _____
- **For Cancellation** prior to the first day of scheduled attendance, or in the event of withdrawal of an enrolled child becomes necessary; parents are required to give 30 days' written notice. If a 30-day written notice is not given the parent's will be financially responsible for tuition until notice is given. Initial _____
- **Refunds:** No refunds are given for absences due to illness or vacations.
Initial _____
- **Payment Schedule:** All payments are due the 20th of the month prior to attendance and late after the 25th. A 10% late fee will be applied to account.
Initial _____
- **Automatic Draft:** All parents are required to sign up for our automatic payment plan.
Initial _____
- **NSF Charge:** A charge of 10% will be imposed for drafts returned unpaid by client's bank. If drafts are returned more than once, the client will be asked to pay thereafter by cash or by money order.
Initial _____
- A fee of \$10 per hour will be imposed for each child picked up after 3:00 p.m., unless the child is signed up for extended day.
Initial _____
- A late pick-up charge (after 6:00 p.m.) \$15 per every 15 minute interval will be imposed for each child picked up after 6:00 p.m. This is to be paid directly to the teacher on duty.
- **Regularly scheduled holidays**
- All National holidays
- 2 Weeks Winter break
- 2 Days prior to Fall Semester
- Friday after Thanksgiving
- 1 Week Spring break
- 2 Days after the last day of school
- 2 Parent conference days
- 2 Teacher In-Service days
- **Summer Sessions** are available by separate contract

OTHER POLICIES

- **Orientation:** New parents are strongly encouraged to attend the orientation meeting in the week before school begins.
- **Corporal punishment:** The school prohibits the use of corporal punishment on school premises by any adult.
- **Visits:** Parents may visit the school unannounced at any time during operating hours (6:30 a.m-6:00 p.m) and are expected to follow our standard procedure for visitors.
- **Parent Support:** Supporting your child in his/her school requires that you attend parent meetings and conferences, keep informed about goals and policies, and actively help to build school enrollment.
- **Forms:** All forms required by the school must be on file prior to the first day of attendance, as required by law.
- **Signing in and out:** Parents or their authorized agents will sign their child in and out every day with a legal signature, as required by state law.
- **Arriving on time:** Parents will bring their child to school on time, which is during the reception period for the start of the daily program (8:45a.m.-9:00a.m)
- **Involuntary withdrawal:** If the staff has determined that our school can no longer meet the child's needs, the school reserves the right to request removal of a child from the school, on either a temporary or permanent basis.
Initial _____
- **Illness/Injury:** Parents notified of a child's illness or injury at school must arrange for the child to be picked up within one hour from the time called.
- **Medication:** Parents agree NOT TO SEND ANY MEDICATION IN THE CHILD'S LUNCH PAIL. (Including aspirin and vitamins).
- **Photos:** Parents agree for their child to be photographed at school. In the event school photos will be published as part of articles or advertising parents will be notified, if possible, in advance. Initial _____
- **Field Trips:** Parent's give permission for transportation of the child on school field trips; parents will be notified of trips in advance.
- **Transporting Children:** Parents who permit a Montessori of Surprise employee or parent to transport/drive their child on any occasion (including carpooling and field trips) should be aware that it is the driver who bears liability.
Initial _____
- **Right of Inspection by the Department of Health Services:** An authorized agent of the department has the authority to inspect facility at any time.



CDC/SGH # or name: _____

Emergency Information and Immunization Record Card

Child's Name:	Date Enrolled:	Updated:
Home Address (#, Street, City):		Date Disenrolled:
Home Phone:	Date of Birth:	Sex: <input type="checkbox"/> male <input type="checkbox"/> female

Mother or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

Father or Guardian Name:	Home Address (#, Street, City):	Home Phone:
Cell Phone (optional):	Business Address (#, Street, City):	Business Phone:

I authorize the following individuals to collect my child from the facility if I cannot be located:

Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:
Name:	Address (#, Street, City):	Phone:

The following individual(s) may NOT remove my child from the facility:

Name(s):

Custody papers have been provided and are on file at the facility. yes no

If Medical care is necessary, CALL:

DOCTOR	Name:	Address (#, Street, City):	Phone:
HOSPITAL	Name:	Address (#, Street, City):	Phone:

I hereby give authority to any hospital or doctor to render immediate aid as might be required at the time for his/her health and safety. It is understood by me that the expense of this service will be accepted by me.

In case of injury or sudden illness, I request that this individual be called first:

Does your child have insurance coverage? No Yes Name of Insurance Company:

Telephone Authorization Code : _____ (optional)

Immunization Information

For information regarding current immunization requirements go to:
www.azdhs.gov/phs/immun/index.htm or contact the Arizona Immunization Program Office at (602)364-3630.

One of these items must accompany the EIIR card at all times:

<input type="checkbox"/>	Copy of current official documented immunization record attached
<input type="checkbox"/>	Religious Beliefs exemption form signed by parent/guardian attached
<input type="checkbox"/>	Medical Exemption form signed by physician and parent/guardian attached
<input type="checkbox"/>	Signed Laboratory Proof of Immunity form attached

Notification of immunizations needed sent to Parent(s) or Guardian(s):	mo /day/ yr	mo /day/ yr	mo /day /yr
Updated immunizations received and attached:	mo /day/ yr	mo /day/ yr	mo /day /yr

Medical Information

<p>Is child allergic to food or other substances? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe symptoms, name foods or substances to be avoided, and the procedure to follow if reaction occurs:</p>
<p>Is child usually susceptible to infections and if so, what precautions need to be taken? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Is child subject to convulsions and what should be our procedure if one occurs? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify procedure:</p>
<p>Is there any physical condition that we should be aware of and what precautions should be taken (heart trouble, foot problem, hearing impairment, hernia, etc.)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list precautions:</p>
<p>Additional comments:</p>
<p>Other special instructions:</p>

This **Emergency Information and Immunization Record Card** is accurate and complete, front and back, and was provided by:

Parent/Guardian PRINTED Name:	SIGNED Name:	DATE:



ProCare Software

Hop aboard the Tuition Express and never write a check again!

As your childcare provider, we are excited to offer you the convenience of automatic tuition payments through Tuition Express. You'll no longer need to write a check or remember your checkbook when you're picking up your child at the end of a hectic day. Your payment will be safely and securely processed by Tuition Express, giving you peace of mind that your tuition has been paid on time! It's easy to enroll and even easier to participate. You'll be joining tens of thousands of parents nationwide who enjoy the ease and convenience of Tuition Express.

To learn more about Tuition Express, automatic payment notifications or reviewing your payment history, please visit www.tuitionexpress.com.

For Bank Account Authorization, complete and return to center management

ELECTRONIC FUNDS TRANSFER AUTHORIZATION

I (we) authorize _____, (called "CENTER" in this Authorization) to initiate debit entries to my (our) Checking or Savings Account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in this Authorization). I (we) authorize CENTER to withdraw sufficient funds to pay my (our) regular childcare tuition and/or other childcare related fees that are due and payable. I (we) authorize CENTER to use the third party sender, Tuition Express* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

Your Name _____		Phone # _____	DEPOSITORY - Bank or Credit Union Name _____		
Address _____			Bank or Credit Union Address _____		
City _____	State _____	Zip _____	City _____	State _____	Zip _____
			Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		

Routing Transit Number (see sample below) _____	Account Number (see sample below) _____
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This authorization will remain in full force and effect until I (we) notify the CENTER in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 5 business days in advance of the termination date.

Signature _____	Date _____
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Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

*Tuition Express is an assumed business name of Blum Investment Group, Inc.



Routing Transit Number Account Number Check Number

Please attach a copy of a voided check here. Deposit slips not accepted.