

# Enrollment Application and Agreement



APPLICATION DATE \_\_\_\_\_ INTENDED START DATE \_\_\_\_\_ ALLOCATED CLASSROOM \_\_\_\_\_

	5 Days	3 Days	Mon	Tue Wed	Thu Fri
INFANT	TODDLER	TRANSITION	PRIMARY		
Extended Day (5 Days Only)	Extended Day Full Day Half Day	Extended Day Full Day Half Day	Extended Day Full Day Half Day		

Tuition Payment Schedule
Monthly
Weekly

## Enrollment Information

CHILD'S NAME (Last, First, M.I)		PREFER TO BE CALLED		GENDER	DATE OF BIRTH	
CHILD'S HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE	
MOTHER'S NAME (Last, First, M.I)		CELL PHONE	ALTERNATE/ WORK PHONE		DRIVERS' LICENSE #	
FULL ADDRESS	SAME AS CHILD	EMAIL ADDRESS	EMPLOYER & TELEPHONE NUMBER			
FATHER'S NAME (Last, First, M.I)		CELL PHONE	ALTERNATE / WORK PHONE		DRIVERS' LICENSE #	
FULL ADDRESS	SAME AS CHILD	EMAIL ADDRESS	EMPLOYER & TELEPHONE NUMBER			
PARENTS/ GUARDIANS ARE	Married	Separated	Divorced	Single Parent	Domestic Partner	Other _____
WITH WHOM DOES CHILD RESIDE	Both Parents	Mother	Father	Other _____		

\* If the child does not live with both parents, a copy of the court ordered custody decree must be maintained in the child's permanent school file. The guidelines of the custody decree will be strictly enforced.

**Emergency Information:** Identify the adult(s) who is/ are authorized to act for you in the event of an emergency. The Child(ren) may be released to the following:

First Emergency Contact	Second Emergency Contact
NAME (Last, First, M.I) _____ RELATIONSHIP TO CHILD _____	NAME (Last, First, M.I) _____ RELATIONSHIP TO CHILD _____
CELL PHONE _____ HOME PHONE _____	CELL PHONE _____ HOME PHONE _____
FULL ADDRESS _____	FULL ADDRESS _____

**Authorized Pick Up:** Please list other adults to whom your child may be released or who are authorized to pick up your child

NAME	RELATIONSHIP TO CHILD	CELL PHONE	ALTERNATE CONTACT NUMBER
_____	_____	_____	_____
_____	_____	_____	_____

## Additional Information:

**Child's Emergency Information:** Should my child become ill or suffer an accident, I hereby authorize BellaVision Montessori to administer, call for, or secure the necessary emergency care of medical attention as deemed necessary by BellaVision Montessori. I understand that an effort will be made to contact myself or the designated persons if possible, before any action is taken. I also understand that any expense incurred will be accepted by me.

CHILD'S PHYSICIAN

PHYSICIAN'S PHONE

PHYSICIAN'S ADDRESS

PREFERRED MEDICAL FACILITY

FACILITY'S PHONE

FACILITY'S ADDRESS

I give consent for the facility to secure any and/ or all necessary emergency care for my child.

Signature - Parent or Legal Guardian :

### Child's Health Profile (Allergies, Medication, Behavior etc)

PLEASE LIST ABOVE ANY FOOD or DRUG ALLERGIES or DIET RESTRICTIONS

PLEASE LIST ABOVE ANY MEDICAL PROBLEMS OR CHRONIC ILLNESS WHICH THE SCHOOL SHOULD BE AWARE OF

PLEASE LIST ABOVE ANY CONTINUING TREATMENT OR BEHAVIOUR DISORDER YOUR CHILD IS RECEIVING

PLEASE LIST ABOVE ANY FEARS YOUR CHILD HAS

PLEASE LIST ABOVE ANY PARTICULAR BEHAVIOUR WE SHOULD BE AWARE OF

### Child's Additional Information (Optional)

PRIMARY LANGUAGE

OTHER LANGUAGES(s) SPOKEN

POTTY TRAINED?

Yes

No

In Progress

N/A

Other

PLEASE LIST ABOVE YOUR CHILD'S STRENGTHS, INTERESTS AND TALENTS

If YES, Please explain :-

ARE THERE ANY ASSESSMENTS, REPORTS OR DOCUMENTATION REGARDING THIS CHILD THAT WE SHOULD KNOW ABOUT?

YES

NO

Please share below any additional information you would like us to know about your child or your family, including any areas needing special attention, as well as your goals for your child at our school.

### How Did You First Hear About BellaVision Montessori?

Internet Search

BVMS Referral

Parent Referral

Local Bulletin

Drive By

Other? (Specify)

FaceBook

Mailing List

## General Authorizations:

### Permission To Leave Gated Area

Permission is hereby given for my child to leave the gated area for special reasons such as nature walks, litter pick up, etc. Although they may leave the gated area, they will not leave the school campus and will always be supervised. This will not involve use of transportation. All actual field trips will have their own field trip permission slip, showing date, destination, time etc.

I DO grant permission

I DO NOT grant permission

### Student Internet Use

I authorize my child to have access to Internet through BellaVision approved devices, and under teacher supervision at all times. I understand that, in spite of the precautions taken by this school, exposure to inappropriate material may accidentally occur. I agree to indemnify, defend and hold harmless BellaVision Montessori, its employees and agents, from any and all claims, demands, actions, liabilities and expenses, arising from or related to my child's use of the Internet, and hereby waive, release and discharge, any and all claims I may have against BellaVision Montessori and its affiliates arising from my child's use of Internet and the use thereof by BellaVision teachers, administrators, officers, employees, and other students. With that understanding, I hereby give permission to BellaVision Montessori to allow my child to have access to the Internet under these stated conditions.

I DO grant permission

I DO NOT grant permission

### Permission to Apply Sunscreen

I authorize BellaVision Montessori's staff to apply sunscreen to my child, for protection from the sun when needed each day they attend school. I understand that 1) I am to provide sunscreen labeled with my child's name, 2) Only the sunscreen I provide will be applied to my child, and 3) I, the parent/ guardian, am to apply the sunscreen in the morning before school and it will be applied again by my child's teacher after the rest period in the afternoon.

I DO grant permission

I DO NOT grant permission

### Photography/ Video Release

I understand that BellaVision Montessori school is not responsible for your child appearing in photographs taken by other parents during school hours or school events, or other parents posting photographs provided by BellaVision anywhere on the Internet. If you ever take photographs in BellaVision Montessori school premises or their events in other places, please be cognizant of the fact that other parents might not want their children to be photographed. Furthermore, they might not want the photos of their child to appear on Internet or any other related social media sites. I agree to give permission for BellaVision Montessori to take photographs or video images of my child. I agree to allow these photographs to be displayed in my child's room, on room or center bulletin boards, slide show on monitor in front office, or to be used as mentioned above. I further agree to allow the school to use these photographs or video images in limited promotional or training applications.

I DO grant permission

I DO NOT grant permission

### Transportation

I give consent for my child to be transported and supervised by BellaVision Montessori school's employees:

for emergency care

on field trips

to and from home

to and from school

I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES: (Initial each line)

\_\_\_\_\_ All program activities, including the use of indoor and outdoor equipment

\_\_\_\_\_ Water-related activities supervised by BellaVision Montessori staff

\_\_\_\_\_ Any scheduled field trips in age-appropriate classes. I understand that I will be provided and much complete written permission for each event in which I wish my child to participate. I will be given advance notice of such planned field trips. I further understand that oral permission cannot be granted for field trip participation.

## Tuition Agreement:

### Registration and Supply Fee

In order to reserve a space for your child for enrollment at BellaVision Montessori, please complete this form and return it with your child's non-refundable Registration and Supply fee in the amount of \$\_\_\_\_\_. This will reserve your spot for two weeks in the allotted classroom. The Registration and Supply fee are due and payable at the time of initial enrollment. Supply fee is also due annually at the beginning of each academic year. This fee covers the cost of art and school supplies for the full academic year. All application forms and required documents must be completed and submitted prior to your child's attendance.

### Tuition And Late Fee

Tuition may be paid weekly or monthly. Weekly tuition is due on Monday of each week. If your tuition is not paid by 6:30pm on Tuesday of the same week, a \$10 late fee will apply and a \$5 fee for each additional day that payment is not received. Monthly tuition is due on the the first day of each month. If your tuition is not received by the 5th day of the month, a \$25 late fee is charged. Failure to stay current in your child's tuition fees may result in the loss of your child's space at the school and will constitute a default which will entitle BellaVision Montessori school to all remedies as prescribed by law including reasonable attorney fee.

The tuition for your child's program is \$\_\_\_\_\_. Fees are due and payable regardless of student absence days, weather conditions, or in-service days that may or may not affect the schools opening and closing. Tuition is subject to change.

### Miscellaneous Charges

- a. Returned checks may be subject to a \$35 charge along with requiring certified funds there after
- b. If the child remains on the premises before or after the scheduled time, early drop off and/ or late pick fee will be charged
- c. School age children in attendance for school holidays or teachers in-service days are billed at an additional up-charge for extra care. The additional change for after school are \$30.00/ day.

### Late Charges And Penalties

If a child is left at school after closing, our staff will attempt to contact parents first then will proceed to the listed emergency contacts to pick up the child. If a child is left for an unreasonable length of time and we are unable to locate any authorized adult to care for the child, we must then contact the appropriate regulatory agency including the DFPS. Parents are charged a late fee of \$ \$1.00 per Minute if the child remain at the school after the designated closing time. This fee is payable to the school immediately at the time children are picked up.

### Withdrawal

The parent or guardian agrees to furnish BellaVision Montessori school with a two weeks notice advance written notice of withdrawal. The obligation for full payment of tuition and other fees will continue until the date indicated by the parent or guardian as the date of withdrawal. No refunds will be given. If BellaVision Montessori terminate services, regardless of cause, the child(ren) are not allowed to attend and the parent of guardian agrees to pay for all tuition and fees for the remainder of the month the child(ren) are terminated.

### Receipt of Written Operations Policies

I'm in receipt of a copy of BellaVision Montessori Parent Handbook and agree to comply with all "Policies and Procedures" set forth in handbook, including those for:

Behavior Intervention Policy	Procedures for release of children	Illness and exclusion criteria	Code Of Conduct
Child Abuse Reporting Policy	Procedures for conducting health check	Immunization Requirements	Payment Policies & Procedures
Emergency plans	Procedures for dispensing medications	Safe Sleep	Meals and food service practices

By signing below, I/we agree to be bound by the terms and conditions stated in the parent handbook. and agree to the provision which are incorporated herein, by reference and are a part hereof.

Parent/Guardian(Signature)\_\_\_\_\_

Date \_\_\_\_\_

Parent/ Guardian(Signature)\_\_\_\_\_

Date \_\_\_\_\_

Director/ Designated Staff Member \_\_\_\_\_

Date \_\_\_\_\_