STAFFORD COUNTRY MONTESSORI SCHOOL LLC

ENROLLMENT CONTRACT

FALL 2024 THROUGH SUMMER 2025

I am enrolling my child _____ for school beginning_____. I have read a copy of the **Stafford Country Montessori Handbook** and by signing below I am accepting the handbook as part of the contract between SCMS, myself and my child. This contract supersedes anything written in the handbook and where there are any discrepancies this page is the correct information.

I am enclosing a $100 registration and materials fee to confirm my child's placement in the classroom. If a returning student, the fee is $50 for materials and secures their placement for the following school year. **Returning students must register for the following school year no later than May 31** of the summer preceding the school year to guarantee their placement. There is no registration fee for summer students previously enrolled. **Tuition is late after the 5th and incurs a $75 fee.**

Please enroll my child for the following program: (circle one)

FOUR DAYS

MONDAY THRU THURSDAY

OR

TUESDAY THRU FRIDAY

8:30 – 3:00 $970

8:30 – 4:30 $1110

7:30 - 4:30 $1270

FIVE DAYS

MONDAY THRU FRIDAY

8:30 – 3:00 $1195

8:30 - 4:30 $1310

7:30 – 4:30 $1470

LATE PICKUP IS BILLED AT $3 PER MINUTE PAID DIRECTLY TO THE STAFF MEMBER ON DUTY AFTER 15 MINUTES FEE INCREASES TO $5 PER MINUTE. THERE IS A $200 MONTHLY UP-CHARGE FOR CHILDREN UNDER THE AGE OF THREE FOR THE STAFF RATIO DIFFERENCE AND COST THEREOF.

_____ **DATE** _____

PARENT OR GUARDIAN

Child Enrollment Authorization

Child's Name (Last, First)		Child Nickname
Date of Birth	Date Entered Care	Age at Entry

ALLERGY ALERT **Does your child have allergies? ☐ YES ☐ NO If yes, list all allergies on back side of form.**

Parent or Guardian Contact Information

Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Address (Street, City, Zip)	Work Phone
Name (First, Last)		Relationship
Home Address (Street, City, Zip)		
Home Phone	Cell Phone	Email Address
Employer and Work Hours	Address (Street, City, Zip)	Work Phone

Required Emergency Contact Information – *person other than parent or guardian that is authorized to pick up child*

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Non-Emergency Contact Information – person other than parent or guardian that is authorized to pick up child

Name (First, Last)	Phone	Relationship
Name (First, Last)	Phone	Relationship

Medical/Dental Contact Information

Insurance Provider and Policy Information (if applicable)

Primary Physician Name	Phone
Dental Provider	Phone

Parent or Guardian Authorization

Please list any restrictions to permission of the following:

My child may be taken on field trips or excursions by bus or private motor vehicle, as well as on neighborhood walking excursions under required supervision (see special transportation arrangements section on back of form). ☐ Yes ☐ No

My child may participate in swimming (OCC requires approved lifeguard) or other water activities under required supervision. ☐ Yes ☐ No

My child may be photographed for publicity or news purposes ☐ Yes ☐ No This applies to ☐ On-site ☐ Off-site photography.

In an emergency, the child care facility has my permission to call an ambulance, or take my child to any available physician or hospital at my expense to obtain medical treatment. In most emergencies, 911 is called and the child is transported to the nearest hospital and treated by the on-call physician. The parent or guardian of the child is notified as soon as possible.

Parent/Guardian Signature _____ Date _____

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Child Information

Has your child previously been in child care? **No** ☐ **Yes** ☐ **If yes, what type of care and for how long?**
Reason for requesting care
Child General Information -- please include all information that will assist us in providing quality care for your child
Likes and dislikes
Eating habits and schedule
Toileting habits and schedules
Sleeping habits and Schedule
Play
Fears
How does your child like to be comforted when upset?
Child's home language
Special word and their meanings
Are there family cultural backgrounds, traditions, beliefs, or interests that you would like to share with us?
Does your child have any educational special needs (IFSP, etc.) No ☐ Yes ☐ If yes, List any health partners or providers you would like us to *know about.*
Child Medical Information
Does your child have special medical needs? No ☐ Yes ☐ If yes, List any health partners or providers you would like us to know about.
Does your child have allergies No ☐ Yes ☐ If, yes list below Has your child had chicken pox No ☐ Yes ☐
Other Children in the Home

Name (first, Last)	**Age**	**Gender**
Name (first, Last)	**Age**	**Gender**
Name (first, Last)	**Age**	**Gender**
Name (first, Last)	**Age**	**Gender**

Medical Authorization for Non-Prescribed Medications

Child's Name:_____

All over the counter medications including topical substances shall be in the original container and labeled with the child's name. My child may be given non-prescribed medication. This may include the following:

Acetaminophen	☐ Yes ☐ No	Ibuprofen	☐ Yes ☐ No
Antibiotic cream	☐ Yes ☐ No	Insect Repellent	☐ Yes ☐ No
Antihistamine	☐ Yes ☐ No	Lip Balm	☐ Yes ☐ No
Antiseptic wipes/gel	☐ Yes ☐ No	Rash Ointment/Cream	☐ Yes ☐ No
Baby Lotion	☐ Yes ☐ No	Saline Nose Drops	☐ Yes ☐ No
Baby Oil	☐ Yes ☐ No	Shampoo	☐ Yes ☐ No
Baby Powder	☐ Yes ☐ No	Sunburn Ointment	☐ Yes ☐ No
Cough Syrup	☐ Yes ☐ No	Sunscreen	☐ Yes ☐ No
Diapering Ointment	☐ Yes ☐ No	Teething medications	☐ Yes ☐ No
Diaper Wipes	☐ Yes ☐ No	Toothpaste	☐ Yes ☐ No
Hydrocortisone	☐ Yes ☐ No	Petroleum Jelly	☐ Yes ☐ No

Other: _____

_____

_____

_____

_____

_____

_____ _____

PARENT/GUARDIAN SIGNATURE DATE