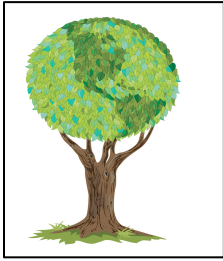


Childs Name: \_\_\_\_\_



Greenhouse Montessori  
Toddler Center | Preschool | Charter  
505 S. Gilbert Rd. Gilbert, AZ 85296

**Re-Enrollment Checklist**

Toddler Preschool Extended Care Charter

**UPDATE:**

- Student Information sheet
- Copy of Birth Certificate
- Copy of Immunizations
- Completed Emergency Card

**REQUIRED:**

- Enrollment Contract
- Registration Fee
- Signed Handbook Agreement (**given after enrollment**)
- Student Interest Sheets (**given after enrollment**)

***Please be sure that all applicable forms are filled out completely prior to returning them to Greenhouse Montessori***

## Student Information

Student Name: \_\_\_\_\_

Last Name:	First Name:	Street Address:
Date of Birth:	Age as of 8/31/12:	City, State, Zip

Please check one box:

Male     Female

*New Student*     Continuing Student

Previous School

Attended: \_\_\_\_\_ Address: \_\_\_\_\_

**Was your child enrolled in special education programs/classes at the previous school?**

Speech     Gifted     Learning Disability(LD)     English as 2<sup>nd</sup> Language (ESL)  
 (Special Reading class     Other \_\_\_\_\_     N/A

**Are you of Hispanic/Latino of any race?**     Yes     No

**Language first learned by student:**     English     Spanish     Other: \_\_\_\_\_

**Are you of one or more races(please check applicable):**

American Indian or Alaska Native     Asian     Black or African American     White

Native Hawaiian or Other Pacific Islander

### Parent Information

Married     Living together     Separated     Divorced     Single     Widowed

Father's Last Name:	Father's First Name:	Mother's Last Name:	Mother's First Name:
Best Phone Number:	Cell/other number:	Best Phone Number:	Cell/other number:
Employer:	Work Number:	Employer:	Work Number:
Home Address:	Does child reside with you?	Home address:	Does child reside with you?
Email address:		Email address:	

Greenhouse Montessori Preschool and Toddler Center  
2012-2013 ENROLLMENT CONTRACT

I wish to enroll my child \_\_\_\_\_, in Greenhouse Montessori School for the academic year 2012-2013. I understand and agree to abide by the following school policies: Child's Age \_\_\_\_\_ Child's Birthdate \_\_\_\_\_

Tuition is based on the ten-month academic year. Enrollment in the program is automatic enrollment for the entire year and entails responsibility for the year's tuition. **Payments are due on the 20th of each month. Payments made late will include a 3% late fee per day. Checks returned for non-sufficient funds will be charged a \$25.00 fee and require cash payments thereafter. If the 20th falls on a weekend or a day not scheduled for attendance due to holiday or child absence, late fees will apply if not received prior to the 20th.**

	<u>Monthly Price</u>	<u>Yearly Price</u>	<u>Discounted 3% prepay</u>	
Primary (Ages 3-6)				<b>(August 2012– May 2013)</b>
3 Half day	\$375.00	\$3750.00	\$3637.50	If interested in 3 or 4 days, the schedule is based on availability.
3 Full day	\$525.00	\$5250.00	\$5092.50	
4 Half day	\$425.00	\$4250.00	\$4122.50	Please list days of interest in order of preference:
4 Full day	\$600.00	\$6000.00	\$5225.00	
5 Half day	\$485.00	\$4850.00	\$4704.50	1. _____
5 Full day	\$675.00	\$6750.00	\$6547.50	2. _____
KINDER am extend	\$325.00	\$3250.00	\$3152.50	3. _____
Toddler (Ages 14 mths-3 years)				
3 Half day	\$480.00	\$ 4800.00	\$4656.00	
3 Full day	\$575.00	\$ 5750.00	\$5577.50	
4 Half day	\$525.00	\$5250.00	\$5092.50	
4 Full day	\$650.00	\$6500.00	\$6305.00	
5 Half Day	\$575.00	\$5750.00	\$5577.00	
5 Full Day	\$725.00	\$7250.00	\$7032.50	

**Flat lunch rate** - We offer the option to primary students of extending their day from 11:30-12:30 for a flat monthly fee of \$100.00.  
**5 day Flat extended care rate**- We also offer the option to participate in extended care as a flat rate program. Morning rate is \$125 per month; afternoon rate is \$300 per month. To add both morning and afternoon, a discounted rate of \$350 will apply.  
**3 day flat extended care rate**- Morning 3 day is \$65 monthly, afternoon is \$180, with both discounted to \$225.  
**All registration requires a \$250 non-refundable deposit. An enrollment fee of \$175 is included in this deposit; the remainder is applied toward the first month tuition. Any discounted enrollment fee allows for that amount to be applied toward the first month tuition.**

SESSION OPTIONS

_____ KINDER am extended	_____ Lunch Extension (M-F 11:30-12:30) \$100.00 per month
_____ Preschool Morning Session ( 8:15 - 11:30 A.M.) 3 Day	_____ Extended care 3 day AM \$65.00 per month
_____ Preschool Morning Session ( 8:15 - 11:30 A.M.) 4 Day	_____ Extended care 3 day PM \$180.00 per month
_____ Preschool Morning Session ( 8:15 - 11:30 A.M.) 5 Day	_____ Extended care 3 day AM/PM \$225 per month
_____ Preschool Full Day Session ( 8:15 – 2:50 P.M.) 3 day	
_____ Preschool Full Day Session ( 8:15 – 2:50 P.M.) 4 day	
_____ Preschool Full Day Session (M-F 8:15 – 2:50 P.M) 5 Day	
_____ Toddler Morning Session ( 8:15 - 11:30 A.M.) 3 Day	_____ Extended care 4/5 day AM \$75/\$125.00 per month
_____ Toddler Morning Session ( 8:15 – 11:30 A.M.) 4 Day	
_____ Toddler Morning Session (M-F 8:15 - 11:30 A.M.) 5 Day	_____ Extended care 4/5 day PM \$180/\$275.00 per month
_____ Toddler Full Day Session ( 8:15 – 2:50 P.M.) 3 day	_____ Extended care 4/5 day AM/PM \$300/\$350.00 per month
_____ Toddler Full Day Session ( 8:15 – 2:50 P.M.) 4 day	
_____ Toddler Full Day Session (M-F 8:15 – 2:50 P.M) 5 Day	

**Before and After School Care** –Billing will be based on hours of arrival/departure, excluding school hours, at \$5.50 per hour, (rounded up in 30 minute increments). Our extended care hours are from 7:15 a.m. to 8:15 a.m. and 2:50 p.m. to 5:30 p.m. There is a 5 minute grace period to pick up your child(ren). **Once the time is 5:36 P.M., you will be charged a fee of \$1 per minute per child, retroactive to 5:00 P.M. The fees are due, in cash, when your child is picked up payable to the employee who has monitored your child.**

**Withdrawal Policy** - Receipt of written notification of intent to withdraw is required 30 days in advance, prior to December 31, 2011. After Jan. 1, the remainder of contract is required. Please refer to the handbook for further detail. **Tuition is not refundable for absence.**

**Acceptance** - Each child is accepted on a provisional basis. If the Directress feels that we cannot meet the needs of your child, his/her tuition will be computed on a daily basis and the remainder of the tuition paid will be refunded within 30 days.

I HAVE READ AND AGREE TO THE TERMS OF THE ABOVE ENROLLMENT CONTRACT.

\_\_\_\_\_  
Parent Signature & Email Address

\_\_\_\_\_  
Parent Signature & Email Address

\_\_\_\_\_  
Director Signature

\_\_\_\_\_  
Date



CDC/SGH# or name: \_\_\_\_\_

Arizona Department of Health Services
Bureau of Child Care Licensing
Emergency, Information and Immunization Record Card

Form with fields: Child's Name, Date Enrolled, Updated, Home Address (#, Street, City, State, Zip Code), Date Disenrolled, Home Phone, Date of Birth, Sex: [ ] male [ ] female

Form with fields: Mother or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

Form with fields: Father or Guardian Name, Home Address (#, Street, City, State, Zip Code), Cell Phone (optional), Contact Telephone Number

I authorize the following individuals to collect my child from the facility in case of emergency or if I cannot be contacted:

Table with 2 columns: Name, Contact Telephone Number. Multiple rows for listing individuals.

If Medical care is necessary, call:

Form with fields: Health Care Provider\*, Name, Contact Telephone Number

\*A Health Care Provider is a physician, physician assistant or registered nurse practitioner.

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:

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

Form with field: Name(s):

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

Telephone Authorization Code (optional): \_\_\_\_\_

**Immunization Information**

(A licensee shall attach an enrolled child's written immunization record or exemption affidavit to the enrolled child's Emergency, Information and Immunization Record card.)

For information regarding current immunization requirements go to:

[www.azdhs.gov/phs/immun/index.htm](http://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</p> <p>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</p> <p>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</p> <p>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</p> <p>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:
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