

Childs Name: _____



montessori

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

Enrollment Checklist

- Student Information sheet
- Enrollment Contract
- Registration fee
- One Month Tuition Deposit
- Copy of birth certificate
- Copy of immunizations
- Completed Emergency Card
- Signed Handbook Agreement (**given after enrollment**)
- Student Interest Sheets (**given after enrollment**)

Preschool/Toddler:

- Attend one Informational Night/Open House/Tour for child's level
Date: _____
- One hour long observation in classroom
Date: _____
- Interview with administrative team
Date: _____
- N/A – currently enrolled student

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 8/31/15:	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 2nd 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:	



Gilbert & Warner Campus
Private Toddler Center (14 mon.- 3 yrs), Preschool (3-6 yrs)
505 S Gilbert Rd. Gilbert, AZ 85296
(480) 635 0386
greenhousemontessorischool.com

TODDLER | PRESCHOOL | ENROLLMENT CONTRACT
2015-2016

I wish to enroll my child _____, in Greenhouse Montessori School for the academic year 2015-2016. I understand and agree to abide by the following school policies:

1. Enrollment in the Toddler/Preschool Program; Terms –

Parents or Guardians agree that Student shall be enrolled in the Toddler/Preschool Program for the school year 2015-2016, which begins on Monday, August 10, 2015 and ends on Friday, May 20, 2016.

2. Non-refundable Fees and Deposits. Parents or Guardians agree to pay to GMS the following non-refundable fees and deposits:

a. Registration Fee: For new and re-enrolling students, Parents or Guardians agree to pay a \$200.00 non-refundable annual registration fee. Payment of the Registration Fee is due at the time this Enrollment Contract is received by GMS and does not guarantee Enrollment at GMS.

_____(initial)

b. Tuition Deposit: For new and re-enrolling students, Parents or Guardians agree to pay a non-refundable Tuition Deposit in the amount of one regular Monthly Tuition Payment. The Tuition Deposit is due upon Enrollment of the Student in GMS's programs. _____(initial)

c. Extended Lunch Program: You may choose to have your half day student stay through lunch at GMS. There will be an additional \$125.00 fee per month for this service. _____ (initial)

d. Tuition payments must be made by the first of the month or child is not permitted to attend school. _____(initial)

e. The last month's tuition is only applicable to either May or before January with a 30 day notice. _____(initial)

3. Tuition Payment Options: By initialing one of the options below, Parents or Guardians have chosen to pay the Annual Tuition according to the payment terms set forth as follows:

Monthly Payments: If Parents or Guardians choose the Monthly Payments Option, Parents or Guardians agree to permit GMS to charge the Monthly Tuition Rate, equal to the Annual Tuition divided by 10 (Aug.-May), on the twentieth (20) day of each month using the method designated as follows: **PLEASE CIRCLE DESIRED SCHEDULE BELOW *list days if applicable**

Cash

Check

Toddler Half Days

\$555 (3 days) \$600 (4 days) \$650 (5 days)

8:15 a.m. – 11:30 a.m.

Extended Lunch \$125.00

11:30 a.m. – 12:30 p.m.

Toddler Full Days

\$650 (3 days) \$725 (4 days) \$800 (5 days)

8:15 a.m. – 2:50 p.m.

Preschool Half Days

\$450 (3 days) \$500 (4 days) \$560 (5 days)

8:15 a.m. – 11:30 a.m.

Extended Lunch \$125.00

11:30 a.m. – 12:30 p.m.

Preschool Full Days

\$600 (3 days) \$675 (4 days) \$750 (5 days)

8:15 a.m. – 2:50 p.m.

****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.****

☐ One-Time Annual Payment: If Parents or Guardians choose the One-Time Annual Payment Option, GMS will discount the Annual Tuition by 3% as follows: PLEASE **CIRCLE DESIRED SCHEDULE BELOW** *list days if applicable

☐ Toddler Half Days
\$5383.50 (3) \$5820.00 (4) \$6305.00 (5)

☐ Preschool Half Days
\$4365.00 (3) \$4850.00 (4) \$5432.00 (5)

☐ Toddler Full Days
\$6305.00 (3) \$7032.50 (4) \$7760.00 (5)

☐ Preschool Full Days
\$5820.00 (3) \$6547.50 (4) \$7275.00 (5)

Parents or Guardians agree that such payment shall be paid in full no later than Monday, July 20, 2015 and agree that payment will be made by :

Check

Cash

***Any payments made late will include a 3% late fee per day.**

* All prepay fees are eligible for refunds, given the appropriate notice of 30 days prior to December 31, 2015. The client is then responsible for the remaining year's tuition and is not entitled to a refund. ____initial

* Only one discount per family applies in any given school year. This includes but is not limited to prepay, sibling, referral, etc. ____initial

* In the event a withdrawal notice is given within the set forth timeframe, the customer's discount is void and is charged the full listed rate. ____initial

* GMS has 30 days from disenrollment date to refund any funds due to the customer.

4. Early Withdrawal or GMS's Termination of this Enrollment Contract.

a. Return of Fees and Deposits. Parents or Guardians agree and understand that the registration and tuition fee are non-refundable. Parents or Guardians agree to forfeit the Tuition Deposit without sufficient notice. Parents or Guardians also agree and understand the Tuition Deposit will be applied to the May tuition payment during the 2015-2016 school year. Receipt of written notification of intent to withdraw is required 30 days in advance, prior to December 31, 2015. After Jan. 1, the **remainder of contract is required.** _____(initial)

b. Tuition Payments: Parents or Guardians agree and understand: Early withdrawal of the Student from GMS's programs requires written notification with a 30 day advance notice & completed withdrawal form. Failure to give written notification will result in forfeiture of your deposit. Refunds will be calculated on a daily basis from 30 days of receipt of the written notice of the date of withdrawal. Tuition is not refundable for absence.

c. Termination: GMS reserves the right to terminate this Enrollment Contract and disenroll Students from GMS's programs with or without notice for any reason. Parents or Guardians agree and understand that termination of this Enrollment Contract and disenrollment of Student from GMS's programs does not change the refund provisions set forth in the paragraph 4 of this Enrollment Contract. _____(initial)

5. General Terms and Conditions:

a. Before and After School Care –Billing will be based on the monthly unlimited use schedule designated on the Extended Care Agreement Form. Please note there is an Extended Care Agreement Form outlining all policies and procedures concerning extended care that must be completed and approved before attending. Our extended care hours are from 7:30 a.m. to 8:15 a.m. and 2:50 p.m. to 5:30 p.m.

Flat extended care rate- \$175 - 3 days | \$225 - 4 days | \$275 - 5 days

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 5:30 P.M. The fees will be billed accordingly upon your completion of a late pick up slip at arrival. If your child is dropped off prior to 7:30 am if

attending before care or 8:05 am if not, you will be charged extended care fees. The fees will be automatically invoiced. An emergency drop- in fee of \$10 per hour may be available with notice and based on availability.

b. Illnesses and Vacations: GMS does not give refunds for days Student is absent due to illnesses, vacations or other personal reasons.

c. Please see the School Calendar for a schedule of days school is closed.

d. Any returned checks or declined charges will require a \$25.00 reprocessing fee.

e. GMS reserved the right to adopt/amend rules and regulations as deemed necessary. The Student and the Parents or Guardians shall comply fully with the rules and regulations as stated or amended in the Student/Parent Handbook.

f. All students will be accepted on a conditional basis. Parents or Guardians may be asked to withdraw Student if GMS determines, in its sole discretion, that the program is not meeting Student's needs or that the Student's presence is having an adverse effect on the program.

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

Parent Signature

Parent Signature

Email Address

Email Address

Date

**Greenhouse Montessori School
Extended Program Agreement Form | 2015-2016**

Child Name: _____ Date: _____
 Parent/Guardian Name: _____ Parent/Guardian Name: _____

Monthly Unlimited Use from 2:50 to 5:30pm

3 Day PM: \$175.00
4 Day PM: \$225.00
5 Day PM: \$275.00

Before care is billed separately at \$5.50/hour. Before care is from 7:30-8:15 and aftercare begins at 2:50 and ends at 5:30 PM. The monthly extended care rates listed above are not available for prorating regardless if you choose to have your child stay to 5:30. _____ (initial)

Hourly: If you choose to be billed hourly for before care, at a rate of \$5.50/hour, this schedule must be consistent in days and time. Please note that time is billed in 60 minute increments. It will not be an option to swap days or add time without prior notice and approval. To deviate from the designated schedule, notice must be given more than a day ahead of time on the main phone line (480) 635 0386, and approved by an administrator. In this situation, the additional time and/or days will be billed at an increased rate of \$10/hour. _____ (initials)

Extended Care Schedule-

Child Name	Days of Care (please list all days needed)	Time of Drop Off	Time of Pick Up

Late Pick Up Fee: Late pick up fee of \$1 per minute after 5 minutes past hour of scheduled pick up. Please call to let us know if you are running late. A five minute grace period is given to accommodate unforeseen circumstances. You will be charged \$1 per minute past the five minute mark of pick up time. For example, a pickup of 11:40 for an 11:30 release will be charged \$5. There will be a form provided by the attending staff for you to fill out acknowledging the late pick up and appropriate fee. This fee will be added to that month's invoice. Excessive "late pick-ups" or non-payment of "late pick up fees" will jeopardize your child's enrollment in the program. _____ (initials)

Illnesses/Vacations: Greenhouse Montessori does not give refunds for days your child is absent due to illnesses, vacations or other personal reasons. Additionally, extended care is not guaranteed on early release days. _____ (initials)

Commitment: Enrollment in the Extended Program must be for a minimum of three months. The parent/guardian(s) may opt out of the program in writing before 30 days prior to the first day of school, at which time the three month minimum requirement will be waived. Any cancellations of enrollment less than thirty days prior to the first day of school will be charged for the three month minimum timeframe. Once the student has started the program and has met the three month requirement, withdrawal from the program requires 30 days notice in writing to avoid the following month's charge. Payment will be prorated to the next half month based on the stated withdrawal date. Additional time outside of my scheduled time, with more than a days notice, is dependent on availability and will be charged an hourly rate of \$10/hour. Notice must be given on the main phone line (480)635 0386. _____ (initials)

Parent/Guardian Signature _____ Date: _____

Parent/Guardian Signature _____ Date: _____

Greenhouse Montessori Approval: _____ Date: _____

Dear Students and Parents:

It is very important to carefully read and understand the Parent/Student Handbook. **given after enrollment

Some of the information on this form will be used in the school directory. Please indicate your preference for using your information in the school directory by checking the appropriate line:

____ Yes, I would like our family's information in the school directory.

____ No, do not add our family to the directory at this time.

____ Yes, I allow photos of my child to be taken and used for GMS sole use to include promotional, website postings, advertisements, etc. I expect no monetary compensation for photo use.

____ No, please do not photograph my child.

____ Yes, only classroom pictures for classroom use.

____ I allow hand sanitizer to be used on my child

____ I do not allow hand sanitizer to be used on my child.

____ I allow my child to participate in nature walks that may involve walking down Water Tank Road with supervision.

____ I do not allow my child to go off campus for any reason, except with specific notice.

Child's name: _____

Child's birthdate: _____

Address: _____

Phone number: _____

Parent (Father) _____

Parent (Mother) _____

E-mail: _____

Date of enrollment: _____

Printed name

Signature

Date

Sunscreen Permission

I, _____, authorize staff of Greenhouse Montessori School to administer sunscreen to my child that I have provided and labeled with my child's first and last name.

Parents Name

Parents signature

Our school can only grow and deepen the possibilities of your child's experience with your help. If you are able to contribute to the sustainable fund each month in any set denomination you are comfortable with, all proceeds go back into the school in the form of materials, outdoor enhancement, staff development, and more. Please list an amount below that you would like added to your invoice each month if you are able. No amount is too small.

_____ I would like to contribute \$_____ each month to the sustainable fund.

_____ No thank you, we cannot contribute.

Additionally, we all have some special talent, gift, or service that could also be of help to the growth of our school. Please list any area of expertise below that we could call upon you for in the event it is needed.

Please indicate whether your child requires an afternoon nap **YES** **NO**

Napping is an option for children not enrolled in the Charter. Please provide a crib sheet, or bassinet sheet depending on age of child, and any other necessities that will fit into a small plastic bin. Please wash bedding weekly and return with child following week. We are unable to provide bedding for children. If they do not come to school with necessary nap materials, they will be sent back to class and a reminder will be given to the parent to provide items for the next day.

Interest in Childcare for Out of Session Periods

During the school year there are a number of periods when regular classes are not in session. We would like to hear from you about your interest in childcare for the following out of session periods at an additional charge. Please understand that care over breaks is dependent on the need of our families and is not guaranteed. The more notice we have, the better we are able to accommodate:

(MARK Y or N for each, include times)	Out of Session Period	Dates
	Fall Break *1 week	October 5-9, 2015
	Winter Break *2 weeks	December 18, 2015-January 4, 2016
	Spring Break *1 week	March 7-11 2016

Child Name: _____

Please use this space to communicate anything we as a school may need to know about your child. Please include things such as religious beliefs that may be sensitive to things we may do in the classroom, allergies, child behaviors, family situations that may be sensitive to the child, fears such as loud noises, or anything that may be important to your child's success and their best interest.

Please also share with us a little bit about your child that we can refer to in order to help them know we have an interest in them. Tell us what they are interested in, what they like to do, his/her temperament. Are they shy at first, loud, funny, what is their favorite thing to do? We look forward to learning more about your child and building a relationship with him, sometimes knowing that they love dinosaurs will do wonders to a teacher/student relationship.

Handbook Acknowledgement

Parent/Student Agreement

Students Name _____ (Please Print)

I have received and reviewed a copy of the 2015-2016 Parent/Student Handbook and agree to abide by the terms and conditions stated within.

Parent Signature _____ Date _____



CDC/SGH# or name: _____

**Arizona Department of Health Services
Bureau of Child Care Licensing**

Emergency, Information and Immunization Record Card

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

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

Father or Guardian Name:	Home Address (#, Street, City, State, Zip Code):
Call 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:

Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:
Name:	Contact Telephone Number:

If Medical care is necessary, call:

Health Care Provider*	Name:	Contact Telephone Number:
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*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:

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 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

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.
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:
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:
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:
Additional comments:
Other special instructions:

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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