

R 1/19/10



20625 Lakemont Bend Lane
Richmond, TX 77407
Phone: 281-239-3400 Fax: 281-239-3466

**Attach
recent photo
of your child
here**

REGISTRATION FORM 2010/2011 SCHOOL YEAR

(First)		Student's Name		(Last)	Application Date		
Female <input type="checkbox"/>	Male <input type="checkbox"/>	Birth date		Nickname			
Returning Student <input type="checkbox"/>		New Student <input type="checkbox"/>		Legacy Family <input type="checkbox"/>		Family Cultural Origin:	
Home Street Address				City		State	Zip
Siblings Attending MHFC							
Previous School(s) Attended							
Program Preference Toddler <input type="checkbox"/> Early Childhood <input type="checkbox"/>				<input type="checkbox"/> Half Day (8:30-11:30(T)/12:00(EC)		<input type="checkbox"/> Extended 8:30-2:30	<input type="checkbox"/> Full 6:30-6:00
Father's Name First		Last		Mother's Name First		Last	
Home Phone Number				Home Phone Number			
Cell Number				Cell Number			
Email Address				Email Address			
Employer				Employer			
Occupation				Occupation			
Employer Phone Number				Employer Phone Number			
Emergency Treatment If, in the judgment of Montessori House for Children (including it's directors, officers, agents and representatives), the child (whose name appears on this application) needs immediate care and treatment as a result of an accident, injury, illness or other medical reason while at school or an off-site school-related event, I/We (parent(s) or legal guardian) hereby request, authorize, consent, and otherwise grant permission to Montessori House for Children to render or obtain care for the student. I/We, authorize Montessori House for Children to obtain transportation for the student by ambulance, life flight or by other means when necessary for the child's safety or well-being. I/We shall reimburse Montessori House for Children for any costs associated with such treatment or transportation. I/We hereby release Montessori House for Children from liability and shall indemnify and hold the school harmless for any injuries, accidents, or other harm that may result from such care and treatment or transportation of the child.							
Father Signature _____				Mother Signature _____			
Child's Physician			Phone:		Address		
Insurance Carrier			Group #		Policy #		
Please list people Montessori House for Children should contact in the event of an emergency if unable to reach a parent or guardian:							
Name:		Name:			Name:		
Relationship:		Relationship:			Relationship:		
Home Phone:		Home Phone:			Home Phone:		
Cell Phone:		Cell Phone:			Cell Phone:		

Dismissal

I/We (Parent(s)/Guardian) hereby authorize Montessori House for Children to allow my child to leave the school ONLY with the following persons:

Name:	Name:	Name:
Relationship:	Relationship:	Relationship:
Home Phone:	Home Phone:	Home Phone:
Cell Phone:	Cell Phone:	Cell Phone:

Consent for Field Trips: I hereby give do not give - consent for my child to participate in field trips (permission for off-site/field trips is requested on each individual field trip in addition to having this section checked).

Consent for Water Activities: I hereby give do not give – consent for my child to participate in the following water activities: Sprinkler play Water Table play

Consent for inclusion in School Directory

I hereby give do not give - consent for Montessori House for Children to publish our child’s name, phone number and address in the school directory. The school directory is strictly for the use of Montessori House for Children families only (parties, volunteering, etc)

Consent for School Photography

I hereby give do not give - consent for my child to be included in school photography used in school marketing materials and school website.

Health Statement – Admission Requirement-Check only 1 option Attach complete immunization record

1. HEALTH-CARE PROFESSIONAL'S STATEMENT: I have examined the above named child within the past year and find that he / she is physically able to take part in the day care program.

Health Care Professional's Signature _____

Date _____

2. A signed and dated copy of a health care professional’s statement is attached.

3. Medical diagnosis and treatment conflict with the tenets and practices of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Receipt of Written Operational Policies

I (we) hereby acknowledge receipt of Montessori House for Children’s Parent Handbook and Tuition schedule which covers tuition, fees, attendance and general information. Our enrollment is our acceptance of these policies.

Signature of parent/legal guardian _____ Date _____

Medical Information:

I/We (parent(s) or guardian) agree to abide by the medication policy set forth by Montessori House for Children (Parent Handbook). We acknowledge that Montessori House for Children will administer medication and render treatment in good faith as prescribed or ordered by the child’s physician. I/We understand Montessori House for Children and its directors, officers, employees, representatives and agents) are not licensed health care professionals and have not been trained to identify and treat specific illnesses or medical emergencies other than those that may be required by law for private schools. I/We hereby release Montessori House for Children from liability for any act or omission of the school that may result in harm to the child as part of administering medication, providing medical treatment or medical assistance to the child.

Does your child regularly require any medication? No Yes If yes, please explain and sign authorization below:

I/We hereby expressly authorize Montessori House for Children to treat and/or administer medication to the child with the medication(s) listed above, or as directed in our authorization for dispensing medication form (must be filled in before any prescription medication is given. Please attach prescription and make sure you sign medical authorization release form in office.

The school administers prescription medications only. Any exceptions need to be accompanied by a written doctor’s note. Check-in medications at office. Medication authorization forms need to be filled out each Monday if long term dosages are needed.

Prescription medicine must be in the original container labeled with the child's name, a date, directions, and the physician's name. Medications are given once daily, either before or after lunch.

Parent/Guardian Signature: _____

Please list allergies: _____

Please describe any special needs of your child (including food preferences like Vegetarian, no pork, etc.

Consent for Topical Ointment: I hereby give consent for my child to have the following topical ointment applied whenever necessary (please circle): Sunscreen Rash Ointment Insect Repellent Triple Antibiotic Cream

Is your child 4 years or older years by September of current school year: Hearing/Vision – Please supply copy of Hearing & Vision Test Results if your child is 4 years by September of current school year. Check on of the following:

- My child is not 4 years by September of current school year
- My child is 4 years and needs to be screened
- I have attached a copy of screening performed in past year

_____ Please initial that you have read the following Attendance Policy
Classes start promptly at 8:30 a.m.

Children will not be able to attend school after 9:30 am unless prior arrangements have been worked out with the child's teacher or director.

_____ Please initial that you have read the following Dress Code Policy

- MHFC wishes to promote an environment FREE of media influences. Please read our link on the website on TV and the effects on children. Please support our effort to protect this environment by dressing children in attire (shirts, shorts, shoes, jackets, etc.) free of popular TV shows, movie characters (Cinderella, Spider Man, Hulk, Dora, Bratz, and other TV/movie stars. .
- Please dress children in play clothes – Clothing that can get dirty without worry!
- Cowboy boots and flip-flops should not be worn, as they are safety concerns for your child and others.

_____ Please initial that you have read the following Safety Policy

Drive through arrivals and dismissals shall be on the school side of the car

There is no parking in the drive-through lane at any time. This area is to remain clear for emergency vehicles. If leaving your car, please park in the lot or along the main drive. Please do not walk your child into school during peak drive-through time: 8:30 – 8:45 and 2:30 – 2:45. This is for you and your child's safety.

_____ Please initial that you have read the following Financial Policy

- Tuition is due the 1st of the each month for children currently enrolled and for new students who are entering at any time during the month. Statements are sent through e-mail 5 days prior to the 1st of the month.
- A late fee of \$25 is charged after the 3rd calendar day of the month. The school reserves the right to suspend attendance or withdraw a child if tuition is not paid by the 10th of the month.
- Tuition is based on an academic year, divided into monthly payments. Your enrollment is in the program, and as such, tuition is not reduced for children's absences, extended vacations or school breaks and closings that occur during the calendar year.
- A bank service fee of \$25 is charged for returned checks.
- The application fee, new student fee, annual re-registration and material/activity fees for the academic and summer terms are non-refundable.

Late Pick-Ups –Any time you pick your child up past the program time dismissal, there will be a late pick up fee of \$1/minute applied to your statement, after a 5 minute grace period.

_____ Please initial that you have read the following Communications Policy

- We primarily communicate through email, but will also use the outside message board, our newsletters and school memos.
- School-wide information (events and important dates) is available on our website.
- Please check your family folder regularly to ensure you receive important information.
- Notes to teachers are taken directly to the teacher's mail box or delivered to her classroom if it is urgent.

Please refer to MHFC Parent Handbook concerning lines of communication.

Enrollment Contract

In signing this application, the parent/guardian agrees to abide by the policies and procedures stated above and in the Parent Handbook.

I/We _____ (parent's name) agree to pay Montessori House for Children the net monthly tuition for my child _____ for the 2009/10 school year.

Signature

Date

All children regardless of race, color, creed, nationality or ethnic origin are eligible for enrollment.



**2010/2011 Academic School Year
Tuition Schedule Effective August 1, 2010
School Year Begins August 23 for all Students
Facility Hours 6:30 am – 6:00 pm
School Day 8:30 to 2:30**

<u>Class Description</u>	<u>Hours</u>	<u>*Cash discount/month</u>	<u>Standard Tuition/month</u>
Early Childhood			
Half Day Class	8:30 – 12:00	\$600	\$620
Extended Day Class	8:30 – 2:30	\$750	\$775
Full Day Class	Extended + Before & After Care	\$815	\$842
Toddler			
Half Day Class	8:30 – 11:30	\$685	\$709
Extended Day Class	8:30 – 2:30	\$800	\$828
Full Day Class	Extended + Before & After Care	\$910	\$941

Sibling discounts are 10% off lesser tuition

Admission fees (non refundable):

Application Fee:	\$100 fee due upon submittal of application
**New Student Fee:	\$300 (one-time, due at acceptance)
Re-Enrollment Fee	\$75 due February for next academic school year (see note below)

Material Fees (pro-rated from start date):

EC (3-6 yrs) Material fee:	\$125 per semester, due July 1 and January 1
IC (Toddler) Material fee:	\$ 90 per semester, due July 1 and January 1

Optional Lunch Services:

Hot Catered lunches: Available through Chef's catering; priced ~\$3/day plus tax
(Half Day children dismiss before lunch)

Requests for Extended Care: \$10 per hour (with prior arrangements and space availability).

Financial Policy:

Tuition is due the first of each month commencing with the child's first month of attendance. A late fee of \$25 is charged after a 3 calendar-day grace period.

Tuition is based on a full academic year, divided into monthly payments. Academic year tuition covers August 24, 2009 through May 28, 2010. We offer a separate Summer program for our full time children and additional children as space permits.

Application fees, New Student Fees, Re-enrollment fees and material fees are non-refundable.

School Enrollment assumes good faith intent to attend a complete academic school year. There is no reduction of tuition for absences due to illness, vacations or any other extended absence from school.

No school records or teacher recommendations/evaluations will be forwarded to other schools until all past due tuition amounts have been paid in full.

** New Student Fee does not apply to re-enrollment.