

# ADMISSION INFORMATION

School Applying for:  Parkcenter Montessori  Eagle Montessori  Montessori Academy

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardian's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Address (If different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

Father/Guardian's Full Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Address (If different) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Person who will assume responsibility for child if the parent or guardian cannot be reached:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Name \_\_\_\_\_ Work Phone \_\_\_\_\_

1. Does the school have permission to telephone the child's doctor if necessary? Y N

2. If the child's doctor is not available, does the school have permission to telephone the school's emergency care facility and/or call an ambulance if necessary? Y N

3. Does the school have permission to authorize medical care if the parent/guardian cannot be reached? Y N

4. Is the child allergic to any medications? Y N  
If yes, what? \_\_\_\_\_

5. Requests related to medical emergencies \_\_\_\_\_

# IDENTIFICATION AND EMERGENCY INFORMATION

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

**Persons your child may be released to:**

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Work \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_  
Work \_\_\_\_\_

**Physician to be called in an emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Dentist to be called in an emergency:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

It is okay for the school to include my address and phone number to be included in the school directory.

Yes       No

It is okay for the school to take pictures of my child and use the photographs for school related purposes only.

Yes       No

# ADMISSION AGREEMENT

Eagle and Parkcenter Montessori (herein after referred to as the “School”) are licensed by the State Department of Health and Welfare, Region IV, Family and Children’s Services and/or the City of Boise.

## A. Basic Services

The School shall provide the following basic services for:

Child’s Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Whose parents or guardians are \_\_\_\_\_ Relationship \_\_\_\_\_

1. Child shall be enrolled in the :
  - \_\_\_\_\_ Full day program between 9:00 am and 3:00 pm on M T W TH F (circle days preferred) per week as prearranged, excluding days the School is closed.
  - \_\_\_\_\_ Part time program between 9:00 am and 12:30 pm on M T W TH F (circle days preferred) per week as prearranged, excluding days the school is closed.
  - \_\_\_\_\_ Child care between 7:00 am and 9:00 am
  - \_\_\_\_\_ Child care between 3:00 pm and 6:00 pm
2. The child shall be provided with an opportunity to nap between 12:30 pm and 2:30 pm on a mat provided by the school.
3. The child shall be placed in a group of peers based on age and/or special needs as determined by the staff.
4. The child shall be involved in a program of learning experiences and play which are appropriate for the ages of the children enrolled in the School. A balance of active and quiet time is provided for with individual and group activities which are geared toward the emotional, social, physical, aesthetic and individual growth of young children.
5. The School shall assume responsibility for the child after the child has passed the required morning health inspection and has been signed in by a parent or guardian. The school shall retain responsibility until the child is signed out by a parent or other adult as designated by parent or guardian.
6. The School regrets that no medications, prescriptions or non prescription, will be administered without prior written consent by the parent or guardian and the child’s doctor.
7. The School shall give appropriate first aid to a hurt child. A parent or guardian shall be contacted if it is the judgment of the School staff that immediate medical attention is necessary. It is further the judgment of the School staff that if the injury is of an emergency nature, paramedics shall be called to the School and a parent or guardian shall be contacted.
8. An ill child shall be isolated and given appropriate care until called for by a parent or guardian.
9. The School staff shall notify the child’s parents or guardians of a suspected exposure to communicable disease.
10. The School shall make every effort to safeguard personal belongings brought by the child, but shall not be responsible for lost or damaged items.
11. The Director or any other staff member shall report to Children’s Protective Services or the Police Department as required by the state, any suspicion of child abuse, sexual or otherwise, neglect, or endangerment of which they may become aware.

## B. OBLIGATIONS OF PARENTS OR GUARDIANS

1. A parent or guardian shall furnish requested medical information on or before the child's first day of school.
2. A parent or guardian shall sign the child out before taking the child from the premises.
3. A parent or guardian shall notify the School, in writing, when someone other than those named on the emergency information card will be picking the child up from school.
4. The parents or guardians shall provide the child with a nutritious lunch. Contents should follow guide lines as specified in the Parent Handbook.
5. The parents or guardians shall provide the child with one small sheet and blanket or other covering to use during nap periods if the child stays past 12:30 pm.
6. The parents or guardians shall see that the child is dressed appropriately when brought to School following the guidelines in the Parent Handbook.
7. The parents or guardians shall notify the School when the child is more than two days absent.
8. The parents or guardians shall come to School conferences when asked to do so by the staff.
9. **The parents or guardians shall give one month written notice to the School notifying them of the withdrawal of the child. Failure to do so, will forfeit your deposit and the remainder of your tuition.**

## C. PAYMENT OPTIONS

1. In accordance with the statement of fees in the Parent Handbook:
  - a. A non-refundable registration fee shall be paid upon enrollment.
  - b. *Tuition is due on the 20th of the previous month. The first payment is due at the time of enrollment. If payment is not received by the first of the month, it is past due and a 5% late fee will be charged.* No checks will be accepted after the first. Payment must be made with money order or cash. If payment is not received by the fifth of the month, the child is considered no longer enrolled in the School and attendance will be terminated.

## D. TERMINATION OF THE AGREEMENT

This agreement shall be terminated if any one or more of the following occur:

1. The School year has come to an end.
2. Serious illness of the child, preventing school attendance.
3. The parents or guardians of the child allow their account to become delinquent.
4. Failure of the parents or guardians of the child to abide by this agreement, or the rules, regulations, and guidelines listed in the Parent Handbook.
5. The School in its sole, absolute and unfettered discretion determines that it is unable to meet the needs of the child.
6. The School in its sole, absolute and unfettered discretion determines that it is not in the best interest of the School or other children enrolled at the School to have the child in attendance.
7. Failure of the child's parents or guardians to cooperate with the School which the School determines in its sole, absolute and unfettered discretion is serious enough to warrant termination.

PROCEDURE: In exercising its discretion under paragraph D above, the School may require the child and/or the child's parents or guardians to attend conference(s) with the School personnel regarding the matters that potentially warrant termination of the Agreement. The child's parents or guardians may request a conference with School personnel regarding the matters that potentially warrant termination.

The School's Director or staff have the sole right and responsibility to determine any disputed factual matters regarding termination of this Agreement.

**E. MODIFICATION CLAUSE**

This agreement may be modified whenever any of the circumstances covered by this Agreement change. Such modification may only be made in writing and must be signed and dated by the parties involved in order to be binding and effective. Oral modification is not binding under this Agreement and shall not be enforceable under any condition.

**F. OTHER**

The parties to this Agreement are aware of the Health and Welfare Department’s right to interview the child and School staff and to inspect and audit all records maintained by the School without securing the prior consent of anyone. The parties are also aware of the licensing agency’s right to observe the physical condition of the child, including conditions indicating abuse or neglect, and to have a licensed medical professional physically examine the child.

**SIGNATURES TO AGREEMENT**

For services listed in this Agreement, and in accordance with the terms of this Agreement, I agree to pay Eagle Montessori Center the monthly sum of:

Tuition: \_\_\_\_\_

Child Care: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

I further agree to pay the non-refundable registration fee and deposit fee of \$160.00, which includes a \$100.00 deposit towards my last month’s tuition.

I agree to cooperate with the general policies of the School to perform the obligations of parents or guardians set forth in this Agreement and to abide by the rules, regulations and Parent Handbook as provided by the School. My signature below indicates that I have read the terms of this agreement and Parent Handbook. It further indicates that I have had this material explained to me and that all of my questions have been satisfactorily answered.

Parent or Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Driver’s license #: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Date \_\_\_\_\_

Driver’s License #: \_\_\_\_\_

Director: \_\_\_\_\_

Date \_\_\_\_\_

# CHILD'S HISTORY AND HEALTH INFORMATION

Child's Full Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth Date \_\_\_\_\_

Parent(s) or Legal Guardian(s) \_\_\_\_\_

Name and Ages of Other Children in Family \_\_\_\_\_

Describe any previous school experience including the child's age at time of enrollment.

Describe how your child reacted to previous school settings or other experiences involving children or child care.

Describe your child's relationships with his/her parents or guardians and siblings.

Describe any relevant personality or social traits.

Birth: Full Term \_\_\_\_\_ Premature \_\_\_\_\_ Toilet training started at \_\_\_\_\_

Does the child have regular medical care? \_\_\_\_\_ Age child walked ? \_\_\_\_\_ Talked ? \_\_\_\_\_

Developmental abnormalities? \_\_\_\_\_

Serious illnesses or accidents? \_\_\_\_\_

Health or eating problems? \_\_\_\_\_

Special diet? \_\_\_\_\_

Food dislikes? \_\_\_\_\_

Medications? \_\_\_\_\_

Allergies to drugs or foods? \_\_\_\_\_

Does the child have frequent colds? \_\_\_\_\_ How many in the last year? \_\_\_\_\_

Does the child sleep well? \_\_\_\_\_ Time they get up? \_\_\_\_\_ Time they go to bed? \_\_\_\_\_

Does the child have regular bowel movements? \_\_\_\_\_ What is the usual time? \_\_\_\_\_

Word used for bowel movement? \_\_\_\_\_ Urination? \_\_\_\_\_

What is the plan for care when the child is ill? \_\_\_\_\_

Please check illnesses that child has had and specify approximate dates of illness

Chicken Pox _____	Whooping Cough _____	Ten Day Measles _____
Asthma _____	Rheumatic Fever _____	Three Day Measles _____
Diabetes _____	Hay Fever _____	
Epilepsy _____	Poliomyelitis _____	

# AUTHORIZATION TO TREAT A MINOR

I (we) the undersigned parent, parents or legal guardian(s) of \_\_\_\_\_, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and of the staff of any acute general hospital holding a current license to operate a hospital from the State of Idaho. It is understood that this authorization is given in advance of any specific diagnosis, treatment of, or hospital care being required, but is given to provide authority and power to render care which the aforementioned physician in the exercise of his/her best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This consent shall remain effective until child is no longer enrolled (or parent specifies otherwise).

List any restrictions \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

Telephone where parents/guardians can be reached

mother/guardian \_\_\_\_\_

father/guardian \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy/Group # \_\_\_\_\_

# INFORMATION FROM THE HEALTH OFFICE

## STUDENTS WILL BE SENT HOME FOR ANY OF THE FOLLOWING REASONS:

- Biting
- Fever
- Rash
- Vomiting and/or Dysentery
- Persistent cough
- Persistent runny nose
- Any nasal discharge other than clear
- Suspicion of a communicable disease
- Any wound or sore not properly covered that is oozing or draining
- Inability to participate in normal school activities due to illness or fatigue

## RETURN TO SCHOOL

If a student is sent home with a rash or communicable disease; a note from a physician is required to return to school. The note should include what the diagnoses was and that the student is not contagious and able to return to school and normal school activities.

## FEVER

A Student with a fever, or who is sent home from school due to having a fever, must be fever free (without the help of medicine) for 24 hours before returning school.

## VOMITING

A student who has been vomiting or has had diarrhea, or who is sent home from school due to those symptoms, must be free from all related signs and symptoms for 24 hours before returning to school.

## ANTIBIOTICS

If antibiotics are prescribed for a student, they must be on the antibiotic for 24 hours before returning to school.

## MEDICINE AT SCHOOL

The school can administer prescription medication only. Prescription must be current and for the student it is being administered to. All Medication should be checked into the front desk and parent/guardian is required to fill out a Medication log.

\_\_\_\_\_ Parent's initials

# PHYSICIAN'S REPORT AND IMMUNIZATION HISTORY

## PART A – PARENT'S CONSENT (To be completed by parent or guardian.)

\_\_\_\_\_, born \_\_\_\_\_ is being studied for readiness to enter Eagle or Parkcenter Montessori. The school provides a program which extends from 7:00 am to 6:00 pm five days a week. The daily activities may include vigorous play. Meals will be served. Please provide a report on the above named child using the form below. I hereby authorize release of medical information contained in this report to Eagle or Parkcenter Montessori.

\_\_\_\_\_ (signature)

\_\_\_\_\_ (date)

## PART B – PHYSICIAN'S REPORT (To be completed by physician.)

Above named child is \_\_\_\_\_ is not \_\_\_\_\_ able to participate at Eagle or Parkcenter Montessori.

Date of last physical exam: \_\_\_\_\_

Problems of which the school should be aware: \_\_\_\_\_

Hearing: \_\_\_\_\_ Allergies: \_\_\_\_\_

Developmental: \_\_\_\_\_ Medicine: \_\_\_\_\_

Vision: \_\_\_\_\_ Insect stings: \_\_\_\_\_

Language/Speech: \_\_\_\_\_ Food: \_\_\_\_\_

Asthma: \_\_\_\_\_ Other: \_\_\_\_\_

Medications prescribed/special routines or special instructions for this child: \_\_\_\_\_

Comments: \_\_\_\_\_

## PART C - IMMUNIZATION HISTORY (to be completed by phsycian.)

Date each dose was given (month and year at a minimum)

VACCINE	1 <sup>st</sup>	2 <sup>nd</sup>	3 <sup>rd</sup>	4 <sup>th</sup>	5 <sup>th</sup>
Polio					
DTP/DT/DP (circle)					
Measles or MMR					
Mumps or MMR					
Rubella or MMR					
Hib					
HepB					
Other					

I have \_\_\_\_\_ I have not \_\_\_\_\_ reviewed the above information with the parent guardian.

Physician: \_\_\_\_\_

Telephone: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# CHILD'S RIGHTS AND PARENT'S RIGHTS

## CHILD'S RIGHTS

**Your child has certain personal rights guaranteed by the State law while receiving services from a child care facility. We would like to advise you of these rights and post them where they are accessible to you.**

**Under State Law, your child has the right:**

1. To be accorded dignity in his/her personal relationships with staff and other persons.
2. To be accorded safe, healthful and comfortable accommodations, furnishings and equipment to meet his/her needs.
3. To be free from corporal or unusual punishment, infliction of pain, humiliation, intimidation, ridicule, interference with daily living functions, including eating, sleeping or toileting, or withholding of shelter, clothing, medication or aids to physical functioning.
4. To be informed of these rights and where to go to make complaints (see below).
5. To be free to attend religious services or activities of his/her choice and to have visits from the spiritual advisor of his/her choice. Attending religious services, either in or outside the facility, shall be on a completely voluntary basis.
6. Not to be locked in any room, building or facility by day or night.
7. Not to be placed in restraining devices without advance approval by the licensing agency.

### LICENSING AGENCY TO CONTACT FOR COMPLAINTS:

Child Protection Hotline  
334-0800

## PARENT'S RIGHTS

1. Parents/guardians upon representation of identification have the right to enter and inspect the child care facility in which their child(ren) are receiving care without advance notice to the provider. Entry and inspection is limited to normal operating hours while their child(ren) is receiving care.
2. The law prohibits discrimination or retaliation against any child or parent/guardian for exercising their right to inspect.
3. The law requires the person in charge of the child care facility to deny access to a parent or guardian under the following circumstances.
  - a) The parent/guardian is behaving in a way which poses a risk to children in the facility.
  - b) The adult is a non-custodial parent and the facility has been requested in writing by the custodial parent to not permit access to the non-custodial parent.

**I, as the parent/guardian of \_\_\_\_\_ have been personally advised and have received a copy of my child's personal rights under state law and my parental rights, at the time of his/her admission to Eagle and Parkcenter Montessori.**

**Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_**

# FIRST DAY OF SCHOOL

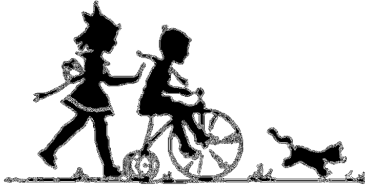
1. Your completed paper work, a copy of your child's immunizations, and payment are required on or before your child's first day of school.
2. When you arrive at school please sign your child in at the lobby and escort him or her to class. Please be sure to look for parent notices and reminders.
3. You may opt to buy your child a school lunch; you can do this by highlighting your child's name on the lunch sheet located in the lobby. Lunch is \$3.25. Lunch menu is posted in the lobby.
4. If your child will be bringing lunch, please provide a labeled lunch box with a nutritious lunch. (Refer to the Parent Handbook for guidelines for lunches). We are unable to refrigerate or heat any lunch items. Please be sure you use a thermos for meals you wish to keep hot or cold.
5. Milk is available for purchase for \$.25 per day. You can order milk by highlighting your child's name on the milk sheet located in our lobby.
6. In a ziplock baggie, please bring a complete change of **labeled** clothes for your child, including:
  - shirt and/or sweatshirt
  - pants or shorts
  - socks
  - underwear
7. For those who nap, please bring a zippered, **labeled** pillowcase. Include in the pillowcase labeled:
  - crib sheet (used to cover mats)
  - small blanket
  - very small pillow (optional)Every Friday these pillowcases, sheets, and blankets will be sent home with the child to be washed. Please return them on Monday morning.
8. Inside every classroom is a designated parent area. This area will have a snack calendar, practical life sign-up sheet and important classroom information. Please ask your child's teacher if you are unable to locate this area.
9. A monthly newsletter is sent home on the 1st of each month to keep you abreast of all important school activities and dates. The newsletter, along with other important papers, can be located in your child's folder.
10. Each classroom has a designated share time. Please check with your child's teacher to determine which day your child may bring personal items to school for share. Your child's teacher will be able to give you suggestions for appropriate share items.

## SNACK AND PRACTICAL LIFE SIGN UP

As part of our Practical Life activities, we will be having a monthly snack host/hostess sign-up calendar. This will allow the children to experience the full process of creating a meal: shopping for the snack, preparing the food, and then serving it to their friends.

Each month a snack sign-up calendar will be posted in your child's class listing suggested snack ideas. If you have another idea you would rather serve, please clear your idea with your child's teacher. The school wants to make sure that it maintains a low sugar policy. Sign your child's name up for a specific day. Then let your child know that they will be the snack host/hostess for the day and you will both need to go shopping to buy the snack. Please have the snack at school **no later than 9:00 a.m.** on your snack day. Your child will then prepare (if necessary) and serve the snack to their class with the help of the teacher. Children experience great joy and pride in this process but it is not mandatory for them to participate. A snack will always be served whether or not we have a snack host/hostess.

Also posted in the class is a sign up form for practical life food items. These are items the children will use to prep food in their practical life activities. We appreciate these contributions.



# SCHOOL CALENDAR

## 2009-2010

August 27	Summer Session Ends	
August 28 and 31	Teacher In-Service Training	No School
September 1	First Day of School	
September 7	Labor Day	No School
October 1-2	Teacher In-Service Training	No School
November 5-6	Parent/Teacher Conferences	No School
November 26-27	Thanksgiving Break	No School
December 23-January 1	Holiday Break	No School
December 28-31	Holiday Break	Optional Child Care Days(*)
January 4	School Resumes	
January 18	Human Rights Day	School Closed (*)
February 15	President's Day	School Closed (*)
March 29-April 2	Spring Break	School Closed (*)
April 29-30	Parent/Teacher Conferences	School Closed
May 31	Memorial Day	School Closed
June 28 Montessori Academy June 29 Parkcenter Montessori June 30 Eagle Montessori	Kindergarten Graduation	Kindergarten students and families
June 30	Last Day of School	
July 1-2	Teacher In-Service Training	School Closed
July 5	Summer Session Begins	
September 1	Summer Sessions Ends	
September 2-3	Teacher In-Service Training	School Closed

### Additional Dates for Elementary Only – Grades 1-6

November 25	Early Release at 12:30	
December 18	Early Release at 12:30	Elem. Break Dec. 21-Jan. 1
March 26	Early Release at 12:30	
June 3	6th grade graduation	6th grade students and families
June 4	Last Day of School for Elementary	Early Release at 12:30

(\*) Denotes that Child Care may be available at a rate of \$30 per day for the dates specified above provided that we have a minimum of 12 children each day.  
Reminder that childcare days are not available for pre-Montessori students

# SIGNATURE SHEET

Child's Name \_\_\_\_\_ Starting Date \_\_\_\_\_

I have received, read and understand the following forms, and will comply with the policies set forth by Eagle and Parkcenter Montessori.

## Forms received:

Admission Information	Child Rights and Parent Rights
Identification and Emergency Information	Permission to Photograph and Directory Information
Admission Agreement	First Day of School
Child's History & Health Information	Snack Host/Hostess Sign-Up
Authorization to Treat a Minor	School Calendar
Information From the Health Office	Electives
Physician's Report and Immunization History	Parent Handbook– view at <a href="http://www.boisemontessori.com">www.boisemontessori.com</a>

Signature of Parent/Guardian \_\_\_\_\_