



Enrollment Application and Agreement

APPLICATION DATE	INTENDED START DATE	DOOR CODE (4 Digits)	ALLOCATED CLASSROOM
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	5 Days	3 Days	Mon	Tue Wed	Thu Fri	
INFANT (6 weeks - 18 months)	TODDLER (18 - 24 months)	TRANSITION (2 - 3 years)	PRIMARY (3 - 6 years)			Tuition Payment Schedule
Extended Day (5 Days Only)	Extended Day Academic Day Half Day (5 Days only)	Extended Day Academic Day Half Day	Extended Day Academic Day Half Day			Monthly Weekly

Enrollment Information

CHILD'S NAME (Last, First, M.I)		PREFER TO BE CALLED		GENDER	DATE OF BIRTH	
CHILD'S HOME ADDRESS		CITY	STATE	ZIP	HOME PHONE	
MOTHER'S NAME (Last, First, M.I)		CELL PHONE	ALTERNATE/ WORK PHONE		DRIVERS' LICENSE #	
FULL ADDRESS	SAME AS CHILD	EMAIL ADDRESS	EMPLOYER & TELEPHONE NUMBER			
FATHER'S NAME (Last, First, M.I)		CELL PHONE	ALTERNATE / WORK PHONE		DRIVERS' LICENSE #	
FULL ADDRESS	SAME AS CHILD	EMAIL ADDRESS	EMPLOYER & TELEPHONE NUMBER			
PARENTS/ GUARDIANS ARE	Married	Separated	Divorced	Single Parent	Domestic Partner	Other _____
WITH WHOM DOES CHILD RESIDE	Both Parents	Mother	Father	Other _____		

* If the child does not live with both parents, a copy of the court ordered custody decree must be maintained in the child's permanent school file. The guidelines of the custody decree will be strictly enforced.

Emergency Contact (Other than parents): RedRose Montessori School should contact in the event of an emergency, if unable to reach parent/ guardian.

First Emergency Contact		Second Emergency Contact	
NAME (Last, First, M.I)	RELATIONSHIP TO CHILD	NAME (Last, First, M.I)	RELATIONSHIP TO CHILD
CELL PHONE	HOME PHONE	CELL PHONE	HOME PHONE
FULL ADDRESS		FULL ADDRESS	

Authorized Pick Up (Other than parents): Please list other adults to whom your child may be released or who are authorized to pick up your child

NAME	RELATIONSHIP TO CHILD	CELL PHONE	ALTERNATE CONTACT NUMBER

I hereby authorize RedRose Montessori School to allow my child to be released to following persons listed above: _____
Signature - Parent/ Legal Guardian

Additional Information:

Child's Emergency Information: Should my child become ill or suffer an accident, I hereby authorize RedRose Montessori School to administer, call for, or secure necessary emergency care of medical attention as deemed necessary by RedRose Montessori. I understand that an effort will be made to contact myself or designated persons if possible, before any action is taken. I also understand that any expense incurred will be accepted by me.

CHILD'S PHYSICIAN

PHYSICIAN'S PHONE

PHYSICIAN'S ADDRESS

PREFERRED MEDICAL FACILITY

FACILITY'S PHONE

FACILITY'S ADDRESS

I give consent for the facility to secure any and/ or all necessary emergency care for my child.

Signature - Parent or Legal Guardian :

Child's Health Profile (Allergies, Medication, Injuries etc)

List any special needs that your child may have, such as environmental allergies, food intolerance, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which caregivers should be aware of:

DOES YOUR CHILD HAVE DIAGNOSED FOOD ALLERGIES

YES

NO

ALLERGY PLAN SUBMITTED ON:

Signature - Parent or Legal Guardian:

Date Signed:

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA Information Line at (800) 514-0301 (voice) or (800) 514-0383 (TTY)

Requirements For Exclusion

I have attached a signed and dated affidavit stating that I decline immunizations for reason of conscience, including religious belief, on the form described by Section 161.0041 Health and Safety Code submitted no later than the 90th day after the affidavit is notarized.

I have attached a signed and dated affidavit stating that the vision or hearing screening conflicts with the tenets or practices of a church or religious denomination that I am an adherent or member of. (Required for ages 4 and above only)

Varicella (chickenpox) vaccine is not required if your child has had chickenpox disease. If your child has had chickenpox, please complete the statement:

My child had Varicella disease (chickenpox) on or about (date) : _____

School Age Children Only

My child attends the following elementary school: _____

Address of School: _____ Phone Number of School : _____

My child's immunization records are on file at the school and all required immunizations are current. Vision & Hearing screening records are also on file.

My child has permission to : Walk to or from school or home Be released to the care of a sibling under 18 years old

Parent's Signature _____

Date: _____

General Authorizations:

Permission To Leave Gated Area

Permission is hereby given for my child to leave the gated area for special reasons such as nature walks, litter pick up, etc. Although they may leave the gated area, they will not leave the school campus and will always be supervised. This will not involve use of transportation. All actual field trips will have their own field trip permission slip, showing date, destination, time etc.

I DO grant permission

I DO NOT grant permission

Student Internet Use

I authorize my child to have access to Internet through RedRose Montessori School's approved devices, and under teacher supervision at all times. I understand that, in spite of the precautions taken by this school, exposure to inappropriate material may accidentally occur. I agree to indemnify, defend and hold harmless RedRose Montessori School, its employees and agents, from any and all claims, demands, actions, liabilities and expenses, arising from or related to my child's use of the Internet, and hereby waive, release and discharge, any and all claims I may have against RedRose Montessori School and its affiliates arising from my child's use of Internet and the use thereof by RedRose Montessori School's teachers, administrators, officers, employees, and other students. With that understanding, I hereby give permission to RedRose Montessori School to allow my child to have access to the Internet under these stated conditions.

I DO grant permission

I DO NOT grant permission

Permission to Apply Sunscreen

I authorize RedRose Montessori School's staff to apply sunscreen to my child, for protection from the sun when needed each day they attend school. I understand that 1) I am to provide sunscreen labeled with my child's name, 2) Only the sunscreen I provide will be applied to my child, and 3) I, the parent/ guardian, am to apply the sunscreen in the morning before school and it will be applied again by my child's teacher after the rest period in the afternoon.

I DO grant permission

I DO NOT grant permission

Photography/ Video Release

I understand that RedRose Montessori school is not responsible for your child appearing in photographs taken by other parents during school hours or school events, or other parents posting photographs provided by RedRose anywhere on the Internet. If you ever take photographs in RedRose Montessori school premises or their events in other places, please be cognizant of the fact that other parents might not want their children to be photographed. Furthermore, they might not want the photos of their child to appear on Internet or any other related social media sites. I agree to give permission for RedRose Montessori School to take photographs or video images of my child. I agree to allow these photographs to be displayed in my child's room, on room or center bulletin boards, slide show on monitor in front office, or to be used as mentioned above. I further agree to allow the school to use these photographs or video images in limited promotional or training applications.

I DO grant permission

I DO NOT grant permission

Transportation

I give consent for my child to be transported and supervised by RedRose Montessori school's employees:

for emergency care

on field trips

to and from home

to and from school

I HEREBY GRANT PERMISSION FOR MY CHILD TO PARTICIPATE IN THE FOLLOWING ACTIVITIES: (Initial each line)

_____ All program activities, including the use of indoor and outdoor equipment

_____ Water-related activities supervised by RedRose Montessori School staff

_____ Any scheduled field trips in age-appropriate classes. I understand that I will be provided and much complete written permission for each event in which I wish my child to participate. I will be given advance notice of such planned field trips. I further understand that oral permission cannot be granted for field trip participation.

Parents Initial _____

Tuition Agreement:

Registration and Supply Fee

In order to reserve a space for your child for enrollment at RedRose Montessori School, please complete this form and return it with your child's non-refundable Registration and Supply fee in the amount of \$_____. This will reserve your spot for two weeks in the allotted classroom. The Registration and Supply fee are due and payable at the time of initial enrollment.. Supply fee is also due annually at the beginning of each academic year. This fee covers the cost of art and school supplies for the full academic year. All application forms and required documents must be completed and submitted prior to your child's attendance.

Tuition And Late Fee

Tuition may be paid weekly or monthly. Weekly tuition is due on Friday of previous week . If your tuition is not paid by 6:30pm on Tuesday of the same week, a \$10 late fee will apply and a \$5 fee for each additional day that payment is not received. Monthly tuition is due on the first day of each month . If your tuition is not received by the 5th day of the month, a \$25 late fee is charged and a \$5 fee for each additional day that payment is not received. Failure to stay current in your child's tuition fees may result in the loss of your child's space at the school and will constitute a default which will entitle RedRose Montessori school to all remedies as prescribed by law including reasonable attorney fee.

The tuition for your child's program is \$_____. Fees are due and payable regardless of student absence days, weather conditions, or in-service days that may or may not affect the schools opening and closing.

Miscellaneous Charges

- a. Returned checks may be subject to a \$38 charge along with requiring certified funds there after
- b. If the child remains on the premises before or after the scheduled time, early drop off and/ or late pick fee will be charged
- c. Additional days for attendance is \$50.00 per day and must be prearranged
- d. Credit card transactions will be subject to additional 2% of the transaction amount. We encourage to use check, ACH or debit card mode of payment

Late Charges And Penalties

If a child is left at school after closing, our staff will attempt to contact parents first then will proceed to the listed emergency contacts to pick up the child. If a child is left for an unreasonable length of time and we are unable to locate any authorized adult to care for the child, we must then contact the appropriate regulatory agency including the DFPS. Parents are charged a late fee of \$1.00/ minute if the child remain at the school after the designated closing time. This fee is payable to the school immediately at the time children are picked up.

Withdrawal

The parent or guardian agrees to furnish RedRose Montessori school with a thirty day (30 day) advance written notice of withdrawal. The obligation for full payment of tuition and other fees will continue until the date indicated by the parent or guardian as the date of withdrawal. No refunds will be given. If RedRose Montessori School terminate services, regardless of cause, the child(ren) are not allowed to attend and the parent of guardian agrees to pay for all tuition and fees for the remainder of the month the child(ren) are terminated.

Receipt of Written Operations Policies:

I'm in receipt of a copy of RedRose Montessori School's Parent Handbook and agree to comply with all "Policies and Procedures" set forth in handbook, including those for:

Behavior Intervention Policy	Procedures for release of children	Illness and exclusion criteria	Code Of Conduct
Child Abuse Reporting Policy	Procedures for conducting health check	Immunization Requirements	Payment Policies & Procedures
Emergency plans	Procedures for dispensing medications	Safe Sleep	Meals and food service practices

By signing below, I/we agree to be bound by the terms and conditions stated in the parent handbook. and agree to the provision which are incorporated herein, by reference and are a part hereof.

Parent/Guardian(Signature)_____

Date _____

Parent/ Guardian(Signature)_____

Date _____

Director/ Designated Staff Member _____

Date _____