

Today's Date _____ Preferred Start Date _____ Re-Enrollment School Year _____



MINE

ME

&

US

An Organic

MONTESSORI SCHOOL

Child's Name _____ Date of Birth _____

I hereby make application for my ___daughter ___son

whose full name is _____

Date of Birth _____ Nickname _____

Address _____

City _____ State _____ Zip _____

Mother's Name _____

Address _____

Occupation and Employer's Name _____

Mother's Hobbies/Talents _____

Father's Name _____

Address _____

Occupation and Employer's Name _____

Father's Hobbies/Talents _____

Parent Contact Information

Mother's Cell Phone _____

Mother's Email _____

Mother's Work Phone _____

Father's Cell Phone _____

Father's Email _____

Father's Work Phone _____

Parents

Child's name for mother _____

Child's name for father _____

Parents' Marital Status _____

Siblings

List the name and birthdate of your child's siblings.

Grandparents (Check if grandparent is an emergency contact)

Maternal Grandmother _____

Maternal Grandfather _____

Paternal Grandmother _____

Paternal Grandfather _____

Emergency Contacts

Please provide the names, addresses, and phone numbers of emergency contacts whom you authorize to pick up your child in case of illness or an emergency and who can pick up your child within 15-30 minutes after we call.

Name _____

Relationship to Child _____

Phone Number _____

Address _____

Name _____

Relationship to Child _____

Phone Number _____

Address _____

Language

What is your child's primary language, if other than English? _____

Proof of Identity

Proof of the child's identity and age may include a certified copy of the child's birth certificate, birth registration card, notification of birth (hospital, physician or midwife record), passport, copy of the placement agreement or other proof of the child's identity from a child placing agency (foster care and adoption agencies), record from a public school in Virginia, certification by a principal or his designee of a public school in the U.S. that a certified copy of the child's birth record was previously presented, or copy of the entrustment agreement conferring temporary legal custody of a child to an independent foster parent. Viewing the child's proof of identity is not necessary when the child attends a public school in Virginia and the center assumes responsibility for the child directly from the school (i.e., after school program) or the center transfers responsibility of the child directly to the school (i.e., before school program). While programs are not required to keep the proof of the child's identity, documentation of viewing this information must be maintained for each child.

OFFICE USE ONLY:

Date of Birth _____ Birth Certificate Number _____
Place of Birth _____ Date Certificate Issued _____
Other Information _____
Copy attached _____

Administrator (Print)

Administrator Signature

Date

Section 63.2-1809 of the Code of Virginia states that the proof of identity, if reproduced or retained by the child day program or both, shall be destroyed upon the conclusion of the requisite period of retention. The procedures for the disposal, physical destruction or other disposition of the proof of identity containing social security numbers shall include all reasonable steps to destroy such documents by (i) shredding, (ii) erasing, or (iii) otherwise modifying the social security numbers in those records to make them unreadable or indecipherable by any means.

Date of Notification of Local Law-Enforcement Agency (when required proof of identity is not provided): _____

Previous Schools Attended

Please list any schools your child previously attended or is currently attending. _____

Field Trip Permission

_____ I hereby grant permission for my child to participate in scheduled and unscheduled walking field trips.
(initial)

Media Permission

MINE, ME & US Montessori School has a larger mission to change the culture of early childhood education to include a revaluing of the first five years of life for children, parents, educators, caregivers, and professionals. The social media policy, guided by the MINE, ME & US Montessori School mission, includes the use of social media outlets to share information about Montessori Philosophy and Method, child development research, parenting articles, and information about MINE, ME & US Montessori School (including news, upcoming events, daily activities, classroom work, etc.) MINE, ME & US Montessori School does not use children's names or identifying information in any public material (the MINE, ME & US Montessori School website, social media outlets, advertising materials, education materials and presentations, faculty development purposes, etc.). MINE, ME & US Montessori School will delete others' posts or comments and untag photos that identify MINE, ME & US Montessori School students.

_____ I understand this policy and give my permission for MINE, ME & US Montessori School to use photographs of my child per the above policy.
(initial)

_____ Modification to policy per agreement with MINE, ME & US Montessori School Head of School: _____
(initial)

Administrator (Print)

Administrator Signature

Date

Over-the-Counter Permission

State law requires that we have written authorization to apply non-prescription, over-the-counter skin products. MINE, ME & US Montessori School provides each child with his/her individual organic diaper ointment, aromatic chest rub, nourishing baby oil, sunscreen, and insect repellent. Each child's ointments will be in the original container and labeled with their name, used according to manufacturer's recommendation and instructions for application, and not be used beyond the expiration date of the product. Sunscreen and insect repellent will be applied every day at school from April until October. Diaper ointment, aromatic chest rub, and nourishing baby oil will be applied as needed and a record of use of these products will be available to parents each day. These records include the child's name, date, frequency of application, and any adverse reactions. MINE, ME & US Montessori School will communicate and cooperate with parents concerning any allergies to these products.

MINE, ME & US Montessori School uses Burt's Bees Multi-Purpose Ointment, Badger Aromatic Chest Rub, Burt's Bees Nourishing Baby Oil, Badger SPF 34 Anti-Bug Sunscreen, and Badger Anti-Bug Shake and Spray.

MINE, ME & US Montessori School does not use Burt's Bees Multi-Purpose Ointment, Badger Aromatic Chest Rub, Burt's Bees Nourishing Baby Oil on children age 3 and older.

_____ I acknowledge and give my permission per this policy.
(initial)

Child Illness Agreement

Common symptoms of illness in young children include, but are not limited to, fever of 100⁺, green mucus or discharge from nose or eyes, extreme lethargy, irritability, crying, needing hugs and cuddles, redness in one or both eyes, unexplained rash, persistent cough, one episode of vomiting, two episodes of diarrhea or abnormally loose stools, abnormal pulling of ears, or persistent complaining of pain or discomfort. Please see the MINE, ME & US Montessori School 2018-2019 Family Handbook for more detail regarding our illness policy.

_____ In the event that my child shows symptoms of illness at school, I understand that my child will be isolated from the other children and I will be notified immediately and within 30 minutes pick up my child from school or make arrangements for my child to be picked up from school in accordance with Virginia state law.
(initial)

_____ I will wait until my child has been fever and symptom free *without the use of fever-reducing medication*, for 24-48 hours before I allow my child to return to school.
(initial)

Vaccination Policy

MINE, ME & US Montessori School requires ALL children to be fully vaccinated according to the Center for Disease Control and American Academy of Pediatrics. Additionally, when your child receives vaccination shots prior to coming into school, the must stay home the rest of the day to watch for any sort of reactions he or she may develop.

_____ I understand the vaccination policy and will keep my child updated with his/her vaccinations according to the CDS and AAP and when my child receives vaccinations, I will keep him/her home from school for the rest of the day.

Communicable Disease Policy

_____ I will notify MINE, ME & US Montessori School within 24 hours of any communicable disease or life-threatening illness in my household in
(initial) accordance with Virginia state law.

Parent's Responsibility to Keep Child's Information Current and Updated

_____ I understand it is my responsibility to keep my child's contact information, emergency information, medical and vaccine information, and all
(initial) other pertinent information updated and current. I will supply MINE, ME & US Montessori School with updated information to keep my child's file current.

Allergies

Describe all of your child's allergies.

Allergy _____

Circle one: Route: Topical Ingested Airborne Severity: Mild Moderate Severe Life-Threatening

Prevention _____ Medical Response _____

Allergy _____

Circle one: Route: Topical Ingested Airborne Severity: Mild Moderate Severe Life-Threatening

Prevention _____ Medical Response _____

Medical and Allergy Restrictions and Recommendations**Physician, Hospital, and Insurance**

Physician/Pediatrician _____ Phone _____

Address _____

Preferred Hospital _____ Address _____

Insurance Company _____ Policy Number _____

Authorization to Seek Medication Attention

_____ I understand that minor accidents will be treated at school by faculty and staff with CPR/First Aid and Medical Administration Training and that I
(initial) will be notified of any such treatment to my child.

Virginia state law requires that we have written authorization from a child's legal guardian to seek medical help in the event of a medical emergency. Our policy, in the event of a medical emergency, is to contact the parents first. If we are unable to reach you, we will begin calling the emergency contacts listed above. In the event we are unable to contact you or your designated representatives and your child's emergency warrants immediate medical attention, we will act on your behalf and in the best interest of the health of your child. I, as parent/guardian, authorize MINE, ME & US Montessori School faculty and staff to seek medical attention for my child in the event of an emergency, including calling an ambulance and authorizing treatment recommended by physicians and other medical professionals at the hospital.

Parent Name (Print) _____ Parent Signature _____ Date _____

Application Fee	(one time per child)	\$100
Enrollment Fee	(one time per child)	\$250
Re-Enrollment Fee	(annually, per child)	\$150 (due in June)

All fees are non-refundable and not part of tuition.

Tuition Discounts

Sibling Discount	(applied to each younger sibling's tuition)	10%
Annual Tuition Paid in Full	(per child)	3%

Payment Plans

- Monthly tuition is due on the 1st of each month and considered late on the 6th of each month. A late fee of \$50.00 will be applied to your child's account if tuition payment is late.
- Annual tuition is due on the first day of your child's enrollment.
- Alternative tuition payment plans may be discussed with Head of School.

Prorated Tuition

_____ (initial) The first tuition payment is due upon signing the enrollment agreement. If a child's first day of enrollment falls on the first through the 15th of the month, the tuition rate is for the full month. If a child's first day of enrollment falls on the 16th through the end of the month, the tuition rate is for half (50%) of the monthly tuition

_____ (initial) If a child's last day of enrollment falls on the first through the 15th of the month, the tuition rate is for half (50%) of the monthly tuition. If a child's last day of enrollment falls on the 16th through the end of the month, the tuition rate is the full monthly tuition amount. *

Late Pick Up and Fee

_____ (initial) If you or an authorized person is late to pick up your child up by the end of the school day, a Late Pick-Up fee will be applied. The Late Pick-Up fee is \$10.00 for each 5-minute interval. After the first 15 minutes, the fee continues to accrue at \$15.00 per 5-minute interval. The Late Pick-Up fee is calculated using the clock on the MINE, ME & US Montessori School cell phone.

Classroom (check one)

- _____ Nido Environment (6 weeks through crawling)
- _____ Nido Community (walking through 18 months)
- _____ Toddler Community (18 - 36 months)
- _____ Children's House (3-6 years)
- _____ Montessori Elementary (6-9 years)

- _____ Ages 0-3 years
- _____ Ages 3-5 years
- _____ Ages 5 years
(Public school Kindergarten year)
- _____ Ages 6-9 years

Tuition Plan (check one)

- _____ \$1200/month _____ \$14,400/year
- _____ \$1000/month _____ \$12,000/year
- _____ \$800/month _____ \$9,600/year
- _____ \$800/month _____ \$9,600/year

*Tuition is determined by child's age, not classroom.

Terms and Conditions of Enrollment

Contract

1. _____ (initial) This contract is automatically renewed upon payment of enrollment fee, due in Spring 2016, and provided the student's account has a zero balance.
2. _____ (initial) In order to be released from further tuition obligations, on month written notification of your intention to withdraw your child is required. Withdrawal notification must be submitted by email or in the form of a letter. Withdrawals are effective from the date the school receives the notice. You are responsible for one month's tuition for the remainder of the thirty (30) days. If more than thirty days' notice is given, tuition is required for the duration of your child's enrollment. This contract is valid from the first day of your child's enrollment. See Head of Administration for discussions of this policy.

Financial

1. _____ (initial) Application, Registration, and Enrollment Fees are non-refundable and not included in tuition.
2. _____ (initial) Monthly tuition payments must be paid on the first of the month. Payments are considered late on the 6th of each month at which time a late fee of \$50.00 will be assigned to your child's account.
3. _____ (initial) No refunds will be made for days missed due to illness, inclement weather, disaster, or holidays. No refunds will be made for missed days due to family vacations.
4. _____ (initial) Should the school be closed for any reason on a specific day not included in the school calendar, no additional day of attendance will be given.
5. _____ (initial) Tuition amount is based on age of child. Ages 0-3 is \$1200/month. Ages 3-5 is \$1000/month. Ages 5-9 is \$800/month. *

Community

1. _____ (initial) Parents and family members agree to abide by the policies and procedures set forth in the MINE, ME & US Montessori School 2018-2019 Family Handbook.
2. _____ (initial) MINE, ME & US Montessori School reserves the rights to deny, cancel, sever, or suspend a child's enrollment if deemed in the best interest of the child or the school. MINE, ME & US Montessori School will follow the dismissal policy outlined in the MINE, ME & US Montessori School Family Handbook.

Education

1. _____ (initial) All classroom placements of children are solely at the discretion of the school and are based on the child's developmental level.
- MINE, ME & US Montessori School admits children of any race, color, gender, religion and national origin to all the rights privileges, programs, and activities generally accorded or made available to students at MINE, ME & US Montessori School. MINE, ME & US Montessori School does not discriminate on the basis of race, color, gender, religion, national origins, or disabilities in administration of its education practices or administered programs.

Handbook Acknowledgement and Agreement

The 2018-2019 MINE, ME & US Montessori School Family Handbook available on the school's website at www.mmu.ms. The handbook contains important information, policies, and procedures that will make your family's experience at MINE, ME & US Montessori School a wonderful one. Please refer to the Family Handbook, as part of the Enrollment Agreement, as needed for clarity and understanding of policies and procedures at MINE, ME & US Montessori School.

I/We acknowledge receipt of the MINE, ME & US Montessori School Family Handbook and understand that by signing this we also agree to abide by the rules and regulations contained in the handbook upon enrollment.

Parent Name (Print) _____ Parent Signature _____ Date _____

To be signed at Enrollment

Enrollment Contract, Tuition Contract, 2018-2019 Family Handbook Contract

I/We acknowledge receipt of the MINE, ME & US Montessori School Family Handbook and understand that by signing this we also agree to abide by the rules and regulations contained in the handbook. Furthermore, I/we acknowledge receipt of the 2018-2019 MINE, ME & US Montessori School Tuition Contract and Dismissal Policy and understand by signing this I/we further agree to abide by the rules and terms of the dismissal policy and tuition contract.

Parent Name (Print) _____ Parent Signature _____ Date _____

Administrator Name (Print) _____ Administrator Signature _____ Date _____