

Today's Date _____ Preferred Start Date _____ START DATE _____
(office use only)



MINE ME & US

An Organic MONTESSORI SCHOOL

Enrollment Contract: August 15, 2022-May 26, 2023

Please fill in every blank. Initial where necessary.

Child's Name _____ Date of Birth _____

I hereby make application for my _____ daughter _____ son _____ preferred gender identity (_____)

Address _____

City _____ State _____ Zip _____

Race

Check all that apply.

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- Some other Race
- Prefer not to answer

Ethnicity

Check all that apply.

- African American
- Asian/ Pacific Islander
- White
- Latin American
- Indian/Alaskan
- Other _____
- Prefer not to answer

Does your child have any emotional, behavioral, or physical needs that MMUMS should be aware of?

- IEP Speech/ Hearing therapy
- Occupational therapy
- Physical therapy
- Other _____
- Suspected _____
- None

Parent's Contact Information

Child's name for Parent/Guardian _____

Name _____

Gender _____ Preferred Pronouns _____

Race _____ Ethnicity _____

Cell Phone _____

Work Phone _____

Email _____

Address _____

Occupation _____

Employer's Name _____

Employer's Phone Number _____

Employer's Address _____

Parent's Relationship Status

Check one: Single Married Partnered Divorced. Widowed

Other _____

Grandparents (Check if grandparent is an emergency contact)

Grandparent _____

Gender _____ Preferred Pronouns _____

Race _____ Ethnicity _____

Grandparent _____

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Grandparents (Check if grandparent is an emergency contact)

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Gender _____ Preferred Pronouns _____

Race _____ Ethnicity _____

Grandparent _____

Gender _____ Preferred Pronouns _____

Race _____ Ethnicity _____

**If you have more than two parents/guardians or grandparents, please request an additional form. We honor and celebrate all family structures.*

Siblings

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

Language

What is your child's primary language? _____

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**. Emergency contacts cannot be parents/guardians.

Emergency Contact #1

Name _____
Relationship to Child _____
Cell Phone _____
Address _____

Emergency Contact #2

Name _____
Relationship to Child _____
Cell Phone _____
Address _____

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/guardian. 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 _____
Date Document Viewed _____ 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 school your child previously attended _____

Field Trip Permission

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

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/guardians, 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.

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

Administration Signature _____

Date _____

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, they must stay home the rest of the day to watch for any sort of reactions he or she may develop. When COVID vaccines are FDA approved, they will become mandatory for MMUMS enrollment.

_____ I understand the vaccination policy and will keep my child updated with their vaccinations according to the CDC and AAP and when my child receives vaccinations, I will keep them home from school for the rest of the day.

Over-the-Counter Products 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, 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 will be applied as needed and a record of use of these products will be available to parents/guardians 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/guardians concerning any allergies to these products. MUMS uses Burt's Bees Multi-Purpose Ointment, Badger SPF 34 Anti-Bug Sunscreen, and Badger Anti-Bug Shake and Spray. MMUMS does not use Burt's Bees Multi-Purpose Ointment on children age 3 and older.

_____ I acknowledge and give my permission per this policy.

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 2022-2023 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.

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

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 accordance with Virginia state law.

Parent's/Guardian'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 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 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 _____

*If your child has allergies that require medication, we will need to have further paperwork filled out by you and your child's doctor(s).

Physician, Hospital, and Insurance

Physician/Pediatrician _____ Phone Number _____
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 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/guardians 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/Guardian Name (Print) _____ Parent/Guardian Signature _____ Date _____

Terms and Conditions of Enrollment

Financial

1. 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.
2. Annual or monthly tuition is due on the first day of your child's enrollment.
3. Alternative tuition payment plans may be discussed with Head of School.
4. 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.
5. 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.
6. This contract is automatically renewed upon payment of enrollment fee, due in Spring 2023, and provided the student's account has a zero balance.
7. In order to be released from further tuition obligations, one 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.
8. Application, Registration, and Enrollment Fees are non-refundable and not included in tuition.
9. No refunds will be made for days missed due to illness, inclement weather, disaster, holidays, or due to family vacations.
10. 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.
11. Tuition is determined by child's age, not classroom.
12. 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. The Late Pick-Up fee is calculated using the clock on the MINE, ME & US Montessori School cell phone.
13. MMUMS offers a sibling discount of 10% off the younger sibling tuition.
14. Payments are made through Brightwheel.

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 Lower Elementary (6-9 years)
 Montessori Upper Elementary (9-12 years)

Tuition Plan (check one)

Ages 0-3 years	<input type="checkbox"/>	\$1200/month	<input type="checkbox"/>	\$14,400/year
Ages 3-5 years	<input type="checkbox"/>	\$1000/month	<input type="checkbox"/>	\$12,000/year
Ages 6-9 years	<input type="checkbox"/>	\$1000/month	<input type="checkbox"/>	\$12,000/year
Ages 9-12 years	<input type="checkbox"/>	\$1000/month	<input type="checkbox"/>	\$12,000/year

Community

1. Parents, guardians, and family members agree to abide by the policies and procedures set forth in the MMUMS 2022-2023 Family Handbook.
2. MINE, ME & US Montessori School reserves the rights to deny, cancel, sever, or suspend a child's enrollment if deemed in the best of the child or the school. MMUMS will follow the dismissal policy outlined in the 2022-2023 MMUMS Family Handbook.
3. All classroom placements of children are solely at the discretion of the school and are based on the child's developmental level.
4. MINE, ME & US Montessori School admits children of any basis of race, color, gender, religion, national origins, disabilities, or genetic information, and learning style in administration of its education practices or administered programs.

Handbook Acknowledgement and Agreement

The 2022 -2023 MINE, ME & US Montessori School Family Handbook is 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.

To be signed at Enrollment

Enrollment Contract, Tuition Contract, 2022-2023 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 2022-2023 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/Guardian Name (Print) _____ Parent/Guardian Signature _____ Date _____

**If there is any part of this form that does not include parts of your or your child's identity. Please request an additional form from Head of School. headofschool@mmu.ms*