



Highlands Montessori Enrollment Form: **Toddler Community**

Child's Name: _____ Date of Enrollment: _____

Home Address: _____

Home Phone: _____ Age: _____ Date of Birth: _____

Parent or Guardian's Name: _____

Address (if different from child's): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of employment: _____

Address of employment: _____ Work Phone: _____

Parent or Guardian's Name: _____

Address (if different from child's): _____

Home Phone: _____ Cell Phone: _____ Email: _____

Place of employment: _____

Address of employment: _____ Work Phone: _____

Special instructions for reaching parent or guardian: _____

Siblings (names and ages): _____

EMERGENCY CONTACTS

1. Name: _____ Home Phone: _____

Address: _____

Work Phone _____ Relationship to child: _____

2. Name: _____ Home Phone: _____

Address: _____

Work Phone _____ Relationship to child: _____

3. Name: _____ Home Phone: _____

Address: _____

Work Phone _____ Relationship to child: _____

CHILD PICK UP INFORMATION

Persons authorized to pick up your child
(Must show photo ID)

1. Name: _____

Home Phone: _____ Work Phone: _____

2. Name: _____

Home Phone: _____ Work Phone: _____

3. Name: _____

Home Phone: _____ Work Phone: _____

4. Name: _____

Home Phone: _____ Work Phone: _____

HIGHLANDS MONTESSORI PERMISSION FORMS

PERMISSION TO ATTEND EXCURSIONS

I give permission for my child to attend excursions with his or her class. I will be notified ahead of time of any excursion and will sign a permission slip each time.

Yes No Parent/Guardian Signature:_____ Date:_____

MEDIA RELEASE PERMISSION

I give permission for Highlands Montessori to take photos or videos of my child. I understand that these photos might be used for marketing for the school, including but not limited to use on school brochures, press releases, or the school's website.

Yes No Parent/Guardian Signature:_____ Date:_____

GLASS AND SMALL OBJECT WAIVER

I understand that, as a Montessori school, Highlands Montessori classrooms are equipped with glass and small objects. These objects may present a laceration or choking risk. I am aware that the adults are carefully trained in the safe use of these items and monitor the children closely. The children are also trained to handle these items with care. I give permission for my child to use these items.

Yes No Parent/Guardian Signature:_____ Date:_____

SUNSCREEN PERMISSION

Highlands Montessori provides Rocky Mountain Sunscreen SPF 50. This sunscreen is hypoallergenic, fragrance free, and water resistant. If children need or prefer a special brand, parents are welcome to provide their own.

I give permission for Highlands Montessori staff to apply Rocky Mountain Sunscreen to my child.

I do not want Highlands Montessori staff to apply sunscreen to my child. I will apply sunscreen at home before sending my child to school.

I will provide my own brand of sunscreen, labeled with my child's name, to be applied at school.

Parent/Guardian Signature:_____ Date:_____

POLICIES AND PROCEDURES

I have read and understand the policies and procedures set forth by Highlands Montessori in the Parent Handbook. I agree to adhere to all policies and regulations set forth by Highlands Montessori and the Department of Human Services.

Yes No Parent/Guardian Signature:_____ Date:_____

TUITION AGREEMENT: TODDLER

2021 Enrollment Rates:

- Application Fee \$100 at initial enrollment
- Materials Fee \$250/year
- Full Time Tuition..... \$1,600/month
- 3 Day/Week Tuition \$1,200/month
- 2 Day/Week Tuition..... \$1,000/month

- Before Care \$150/month
- After Care \$350/month

Upon acceptance into the program, parents must pay a nonrefundable application fee of \$100. Receipt of this deposit along with a signed enrollment form reserves your child's space at Highlands Montessori. In the event that the child thereafter does not enroll or attends less than the full contracted program year for any reason, including, but not limited to, voluntary or involuntary withdrawal, the application fee is not refundable, transferable or pro-ratable.

Tuition is due on the first day of each month in which the child is enrolled. Standard monthly tuition is due for all months enrolled regardless of school closures or holidays. Parents are not billed for tuition. It is the responsibility of each family to submit tuition payments on time. Any late payments will accrue a \$25 late fee per week late, as will any checks returned for insufficient funds.

Tuition rates are subject to annual change.

Before and After Care are prorated for part time.

I have read, understood, and agreed to the above tuition policies.

Student Name: _____

Parent/Guardian Signature: _____ Date: _____

MEDICAL INFORMATION

Name, address and phone number of child's doctor: _____

Name, address and phone of child's dentist:

Hospital of Preference (circle one):

The Children's Hospital
13123 East 16th Avenue
Aurora, CO 80045
(720) 777-1234

Denver Health Medical Center
777 Bannock Street
Denver, CO 80204
(303) 436-6000

Exempla Saint Joseph's
1835 Franklin Street
Denver, CO 80218
(303) 837-7111

Other: _____

Chronic medical conditions: _____

Does your child have a health care plan? Yes No

If yes, the health care plan must be provided on or before the first day the child is in care and the appropriate paperwork must be on file.

Is your child fully immunized? Yes No

Completed immunization records must be provided on or before the first day the child is in care.

Food Allergies: _____

HEALTH HISTORY

(Chronic or recurring)

- Ear Infections
- Diabetes
- Heart disease/defect
- Convulsion/seizures
- Asthma
- Nosebleeds
- Measles
- Mumps
- Chicken Pox
- Flu or Flu shot
- Other _____

ALLERGIES

(Nature of Reaction)

- Hay Fever
- Plant Poisoning
- Insect stings
- Penicillin
- Other drugs
- Animals
- Food
- Other _____

Operations or serious injuries (dates): _____

Is your child on any medications? Yes No

If yes, please describe: _____

Physical limitations: _____ Dietary limitations: _____

Vision: _____ Hearing: _____

Is there anything else we should know about your child's health (special needs, limitations, premature birth, family history)? Yes No

If so please list: _____

Authorization for Emergency Medical Care

I hereby give my permission to Highlands Montessori to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child, _____.

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signatures:

_____ Date _____

Enrollment Checklist

- Completed child and parent/guardian information
- Emergency contact information
- Signed parent permission forms
- Signed tuition agreement
- Application Fee: \$100
- Completed medical information form
- General health appraisal (signed by licensed health care provider)
- Child's immunization record (signed by licensed health care provider)