



## Highlands Montessori Enrollment Form: Nido

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: \_\_\_\_\_

## **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: \_\_\_\_\_

## **FLOOR BED PERMISSION**

I give permission for my child to sleep on a floor bed for all naps. I have read and understand Highlands Montessori's safe sleep practices.

Yes  No 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: NIDO

### 2020 Enrollment Rates:

- Application Fee ..... \$100 at initial enrollment
- Materials Fee ..... \$250/year
- Full Time Tuition..... \$1,900/month
- 3 Day/Week Tuition ..... \$1,500/month
- 2 Day/Week Tuition..... \$1,300/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 16<sup>th</sup> 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 \_\_\_\_\_

# SAFE SLEEP POLICY

Sudden Infant Death Syndrome (SIDS) is the unexpected death of a seemingly healthy baby for whom no cause of death can be determined based on an autopsy, an investigation of the place where the infant died, and a review of the infant's medical history. We believe that a safe sleep environment for infants helps lower the chances of an infant dying from SIDS, and that parents and childcare providers can work together to provide a safe sleep environment.

Highlands Montessori will implement the following safe sleep practices:

## Safe Sleep Practices

1. All childcare staff caring for infants will receive training on how to implement our infant Safe Sleep Policy as well as a department approved training on an annual basis.
2. Infants will always be placed on their **backs to sleep**, unless there is an *Alternate Sleep Position Waiver* signed by a health care professional in the infant's file. Waivers will be retained in the children's record as long as they are enrolled.
3. When babies can easily turn over from the back to the stomach, they will be placed to sleep on their backs and then allowed to adopt the sleep position they prefer. This is in accordance with the American Academy of Pediatrics (AAP) recommendations. Staff can further discuss with parents how to address circumstances when the baby turns onto their stomach or side.
4. Sleeping infants will be visually checked regularly for normal skin color and breathing, signs of overheating, and restlessness.
5. Staff will reduce the risk of overheating by not over-dressing the infants.
6. The temperature in the room where the infant(s) sleep will be kept between 68-75°F.

## Safe Sleep Environment

1. No loose bedding, pillows, bumper pads, toys, or other soft objects will be used in the infant's floor bed. Swaddling of infants must only be allowed with a health care plan completed and signed by the child's physician.
2. Pacifiers will be allowed in infants' beds while they sleep. Each infant under the age of 12 months will be offered a pacifier when falling asleep unless otherwise directed by the parent(s). When the pacifier falls out of the sleeping infant's mouth, it will not be reinserted into the infant's mouth. The pacifier is the only object we will allow in the bed.
3. Each infant will have his or her own floor bed. Only one infant will be on a floor bed at a time, unless we are evacuating infants in an emergency crib.
4. An infant who arrives asleep in a car seat will be moved to a crib.
5. Highlands Montessori is a smoke free environment.
6. Our program supports breastfeeding.

I, the undersigned parent or guardian of \_\_\_\_\_ (child's full name), do hereby state that I have read and received a copy of the facility's Infant/Toddler Safe Sleep Policy.

Date of Child's Enrollment: \_\_\_\_\_

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

Signature of Child Care Provider: \_\_\_\_\_ 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
- Signed safe sleep policy
- General health appraisal (signed by licensed health care provider)
- Child's immunization record (signed by licensed health care provider)