



RIVERBEND MONTESSORI

ENROLLMENT FORM - 2019-2020

New Student

Re-Enrollment

GENERAL INFORMATION

Child's Full Name:	Date of Birth:	Age on 9/1/2019:	
Address:		City:	State: Zip:
Father/Guardian Name:	Occupation & Employer	Father/Guardian Business Phone:	Father/Guardian Cell Phone:
Mother/Guardian Name	Occupation & Employer	Mother/Guardian Business Phone:	Mother/Guardian Cell Phone:
Are Parent's divorced?	<input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, who has custody?	
Email Address:			
Facebook Email Address: (if different than above)			

IN CASE OF EMERGENCY, Relative or Friend who can be contacted: (CANNOT BE PARENT)

Name:	Phone Number:
Address:	City, State, Zip:

PICK UP AUTHORIZATION

The following persons are authorized to pick up my child from Riverbend Montessori School:

NAME OF PERSON	RELATIONSHIP	TELEPHONE NUMBER
1		
2		
3		

SIBLINGS:

NAME	AGE	SCHOOL	GRADE

RELATIVES OR OTHERS LIVING IN THE HOME

NAME	RELATIONSHIP

LANGUAGE(S) other than English spoken in the home:

CONSENT INFORMATION

CHECK ALL THAT APPLY

1. TRANSPORTATION	<ul style="list-style-type: none"> • I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to be transported and supervised by the operation's employees: <input type="checkbox"/> for emergency care <input type="checkbox"/> on field trips (only applies to K-6th grade)
2. SNACKS <i>Transition & Primary only</i>	<ul style="list-style-type: none"> • I understand that snacks will be served to my child while in care: <input type="checkbox"/> AM Snack <input type="checkbox"/> PM Snack
3. FIELD TRIPS <i>Kinder - 6th Grade Only</i>	<ul style="list-style-type: none"> • I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in Field Trips:
4. WATER ACTIVITIES	<ul style="list-style-type: none"> • I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give consent for my child to participate in Water Activities: (Which includes sprinkler play, splashing / wading pools, water table play)
5. RECEIPT OF PARENT HANDBOOK CONTAINING OPERATIONAL POLICIES	<ul style="list-style-type: none"> • I acknowledge receipt of the Riverbend Montessori Parent Handbook which includes policies for discipline and guidance, arrival, dismissal and fees. <p style="text-align: right;">Parent Initials: _____</p>
6. PHOTO RELEASE	<ul style="list-style-type: none"> • I acknowledge receipt of the Riverbend Montessori Photo Release policy as written in the Parent Handbook. <input type="checkbox"/> I give permission for photos of my child to be used. <input type="checkbox"/> I do <i>NOT</i> give permission for photos of my child to be used.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician -OR-		Address:		Phone Number
Name of Emergency Medical Care Facility or Hospital		Address:		Phone Number

I give consent for the facility to secure any and all necessary emergency medical care for my child.	<div style="display: flex; justify-content: space-between;"> <div style="border-top: 1px solid black; width: 80%;"></div> <div style="border-top: 1px solid black; width: 15%;"></div> </div> <p style="text-align: center; margin-top: 5px;">Signature - Parent or Legal Guardian Date</p>
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ADMISSIONS REQUIREMENT CHECKLIST

All requirements MUST be checked

<input type="checkbox"/> HEALTH CARE PROVIDERS STATEMENT (HCPS)	I will provide Riverbend Montessori the signed and dated Health Care Professional's Statement (HCPS) on or before the first day of admission.
<input type="checkbox"/> IMMUNIZATION POLICY	All children who enter Riverbend Montessori have been immunized per the Texas Minimum State Vaccine requirements for child care
<input type="checkbox"/> IMMUNIZATION RECORD	I will provide Riverbend Montessori with a copy of my child's most current immunization record signed or stamped by their Physician on or before the first day of admission.

List any special needs that your child may have, such as environmental allergies, food intolerances, 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

If yes, please have the Allergy & Anaphylaxis Emergency Care Plan (AAERCP) form signed by your child's Allergist or Physician on or before the first day of admission to Riverbend Montessori.

Disallowed Foods? Yes No If yes, please specify: _____

ADMISSIONS REQUIREMENT CHECKLIST - CONTINUED

VISION AND HEARING SCREENING

WHO MUST BE SCREENED	EXAM RESULTS
<ul style="list-style-type: none"> • 4 years old by September 1st • Kindergartners • First time entrants to Riverbend Montessori (4 years through 6th grade) • 1st, 3rd, 5th and 7th graders 	<p><input type="checkbox"/> I will provide Riverbend Montessori with a copy of my child's screening results.</p> <p><input type="checkbox"/> My child will have their hearing & vision screening at Riverbend Montessori (at an additional cost). A Permission slip will be sent home closer to the screening date.</p>

Signature of Parent or Legal Guardian: _____

Date Signed: _____

ADDITIONAL INFORMATION (For New Students Only)

• Describe any unusual behavior:

• Describe your child's special interests

• What made you choose Riverbend Montessori as the school for your child(ren)?

• How do you think Riverbend Montessori will be beneficial to your child?

• Through what level or grade will your child attend Riverbend Montessori?

• What school (or type of school) do you plan to send your child to when he/she leaves Riverbend Montessori?

• What other schools has your child attended and at what age?

• What immediate goals do you have for your child's academic, social and emotional development?

• Are there any areas of concern regarding your child's academic progress: If so, please explain:

• Are there any areas of concern regarding your child's social development? If so, please explain:

• Is there any information about your child that might be helpful in making a classroom assignment?

REGISTRATION AND SECURITY DEPOSIT

PLEASE INITIAL YOUR AGREEMENT.

**INITIAL
HERE**

I understand that there is a yearly registration fee of \$175 or \$200 per family with two or more siblings (or the discounted rate of \$125 or \$150 per family for enrollment by **February 15, 2019.**) I agree that this fee is due with the enrollment form, and once a space is offered and accepted, the fee becomes **nonrefundable.**

I understand that a security deposit equal to one-half of one month's tuition is due by **May 16, 2019** and it is **nonrefundable.**

I agree that during the 2019-2020 school year, if I provide one month's written notice of withdrawal, the security deposit will be applied to any outstanding tuition with the balance returned otherwise, it will be applied to May 2020 tuition.

I understand that tuition may be paid in one yearly payment or in ten equal installments, August through May.

I agree that I am responsible for the entire monthly payment, regardless of the number of days absent.

I understand that a fee of \$25.00 will be charged on all returned checks.

I understand that a fee of \$10 will be assessed for tuition paid after the 15th of the month.

I understand that a \$10 late pick up fee will be assessed after the last car in the line up has left for half day students. Full day students will be charged the after school care fee after the last car in the lineup has left.

FINANCIAL AGREEMENT

TUITION - Please indicate your agreement.

TRANSITION CLASS (18 mos. - 3 years old)	<u>ANNUAL</u>	<u>MONTHLY</u>
<input type="checkbox"/> 5 Half Days (Monday - Friday) 9:10 am - 12:00 pm	\$8,250	\$825
<input type="checkbox"/> 5 Full Days (Monday - Friday) 9:10 am - 3:00 pm	\$8,750	\$875
Parents are required to purchase a Nap Sack for all children (under 4 years old) who are full day students. Nap Sacks can be purchased through the Front Office at the beginning of the school year.		

PRIMARY CLASSES (3 - 6 Years)	<u>ANNUAL</u>	<u>MONTHLY</u>
Preferred Class: <input type="checkbox"/> P1 <input type="checkbox"/> P2 <input type="checkbox"/> No Preference		
<input type="checkbox"/> Half Day (Monday - Friday) 9:00 am - 12:00pm	\$7,340	\$734
<input type="checkbox"/> All Day (Monday - Friday) 9:00 am - 3:15 pm	\$9,160	\$916
<input type="checkbox"/> Kindergarten (Monday - Friday) 9:00 am - 3:15 pm	\$9,160	\$916
* REQUIRED ACTIVITY FEE (Age 4 years) through Kindergarten	\$500	\$250 per Semester

ELEMENTARY CLASSES	<u>ANNUAL</u>	<u>MONTHLY</u>
Check Grade: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6		
<input type="checkbox"/> Lower (1st - 3rd Grade) 8:45 am - 3:45 pm	\$9,700	\$970
<input type="checkbox"/> Upper (4th - 6th Grade) 8:45 am - 3:45 pm	\$9,950	\$995
* REQUIRED ACTIVITY FEE (All Elementary Grades)	\$575	\$287 per Semester

Please note: All new students seeking to enroll in Elementary are required to take an assessment test. The test fee is \$50 and is non-refundable.

EXTRA HOURS	<u>MONTHLY</u>	<u>DAILY</u>
<input type="checkbox"/> Before Care 7:00 am to 9:00 am	\$70	\$7
<input type="checkbox"/> After Care 3:15 pm to 5:30 pm	\$120	\$12
There is a \$1.00 late fee per minute/ per child for pick-up after 5:30 pm		

SCHOOL YEAR COMMITMENT: <i>Please initial.</i>	INITIAL HERE
It is my intention to enroll my child for the complete school year, unless there are significant reasons for early withdrawal from school.	
I understand that early withdrawal procedures are in the Parent Handbook and will have financial consequences.	
I understand that this completed enrollment form for Riverbend Montessori secures my child's admission and creates an assumed financial responsibility for the entire school year.	

PARENT SIGNATURE: _____ **DATE:** _____

FOR OFFICE USE ONLY

DATE OF WITHDRAWAL:	DBASE <input type="checkbox"/> CONTACT <input type="checkbox"/> SWIFT <input type="checkbox"/> FB <input type="checkbox"/> ATND <input type="checkbox"/> DCODE <input type="checkbox"/>		
DATE RECD ENROLLMENT	REGISTRATION FEE	SECURITY DEPOSIT	ACTIVITY FEE
			<input type="checkbox"/> AUG <input type="checkbox"/> JAN
			HCPS AAERCP DATE OF ADMISSION