



'Committed to developing creative, confident, life-long learners'

11988 South Redwood Road
Riverton, Ut. 84065
801-253-4000
info@montessori-at-riverton.org

Student Enrollment
Contract & Forms

For MAR use only
Date Received:
Check Number:
Amount:
Program(s):

School Year Fall 2010 - Spring 2011

PLEASE PRINT

NAME OF CHILD: (First) (Middle) (Last)

Birthdate Age of Child as of Sept. 1, 2010 years Class

Home Address of Child

MOTHER OR GUARDIAN

Name
Street address
City Zip Code
E-mail
Home Phone
Cell Phone
Occupation
Business Name
Business Phone
Hobbies & Skills

FATHER OR GUARDIAN

Name
Street address
City Zip Code
E-mail
Home Phone
Cell Phone
Occupation
Business Name
Business Phone

Marital Status of Parents: Married Remarried Divorced Domestic Partnership
(Please circle as applicable) Single Separated Widowed

Custody Agreement if Parents are Not Married

If Domestic Partnership, who has legal status for the child

Applicant lives with: Both Parents Mother Father Other (please specify)

Other Children in the Family (not currently attending MAR):

Table with 4 columns: Name, Age, Birthdate, School

Those Authorized Other Than Parents for Child Pickup:

Name Phone(s) Relationship
Name Phone(s) Relationship

Those NOT Authorized for Child Pickup:

Name Relationship

Person to Contact in Case of Emergency if Parents Can Not Be Reached:

Name Phone(s) Relationship

Medical Conditions

Signature

Date

Enrollment Contract

This agreement is entered into by and between Valmaria Inc. DBA Montessori at Riverton, and the parent(s) or guardian(s) whose signature(s) appear below. The parties hereto accept the following terms and conditions governing the child's enrollment at the school.

Application: I hereby apply for (*student's full name*): _____, date of birth (*month, day, year*) _____ to be enrolled in Montessori at Riverton. If for any reason I withdraw from this enrollment contract, I understand and agree that all registration, activity and book fees are non-refundable. The New Student registration fee is not paid by *returning* Montessori at Riverton students. *Initials* _____

Provisional Period: I understand and agree that Montessori at Riverton admits *new students* subject to a two week provisional period. During this period, if either the child's parent/guardian or the staff of Montessori at Riverton feel that the program is not appropriate for the child, 30 day written notice may be given for the child's withdrawal or dismissal. Tuition will be prorated based on time attended and 30 days after date written notice is received. I understand that if my child is a returning student there is no provisional period and that my child is enrolled for the entire school year. *Initials* _____

Annual Contract: I understand and agree that I am signing an annual contract. I agree to pay tuition for the entire school year, regardless of the student's absence, withdrawal, suspension or expulsion. The Montessori classroom is prepared to accommodate your child, and his/her space is reserved. The school cannot give credit for missed days due to vacation or illness. *Initials* _____

Sibling Discount: A sibling discount of 5% is applied to the tuition of younger siblings enrolled. *Initials* _____

Payment Options: I hereby choose and agree to the following payment option for tuition due:

- 1. **Annual payment.** I will pay the full 2010-2011 annual tuition, less the 5% discount, to Montessori at Riverton on or before June 1, 2010. Payment may be made by check or money order only. *Initials* _____
- 2. **Monthly installments.** I will pay tuition in 10 or 12 monthly installments, due on the 25th of the prior month, beginning May /July 25, 2010. Monthly tuition payments are made to Smart Tuition Management. A service fee of \$43 will be added to the first installment payment. A late fee of \$25 is charged for installment payments made after the 5th of the month. The fact that the school allows tuition and fees to be paid in installments does not create a fractional contract or in any way relieve the parent of the responsibility of the entire school year's tuition. Installments may be paid by automatic deduction, credit card, money order, or check. *Initials* _____

Unpaid Tuition: I understand and agree that if payment of tuition is not made in accordance with this Contract, the school shall have the right to refuse to admit the child to class. In the event the account becomes 30 days delinquent, it may be turned over for collection. I agree to pay all attorney fees, court costs, filing fees, including charges or commissions up to 50% of the principal balance that may be assessed to Montessori at Riverton by any collection agency retained to pursue past due balances. I also agree to pay 1½ % per month (18% annual) interest on any outstanding amount due. I further understand and agree that there is a \$25 fee for checks returned for insufficient funds. *Initials* _____

Parent Participation: I understand and agree that either a \$375 donation, or 25 hours of service per family are required each year. Families may choose to volunteer a lesser number of hours and donate the difference (\$15 per hour). The volunteer is responsible for recording time volunteered at the MAR office. The family will be assessed for half (12.5) of the volunteer hours not completed by Dec. 31, 2010 and half (12.5) volunteer hours and additionally any remaining, unpaid or not completed hours from the first billing by May 1, 2011 at \$15/hour. *Initials* _____

The laws of the State of Utah govern this Enrollment Contract.

Child's Name: _____ Signature _____ Date _____
(Parent or legal guardian who is financially responsible for the child)

Name _____ Social Security #: _____

Address (if different from child's): _____

Phone number (if different from child's): _____

Signature _____ Date _____
(Other Parent)

Signature _____ Date _____
(Person financially responsible for tuition if other than parent)

Name _____ Social Security #: _____

Address _____ Phone _____

Signature _____ Date _____
(Montessori at Riverton)

Authorization to Administer Medication and Release

MAR staff will not dispense any medication, either prescription or non-prescription, unless it is brought in personally by the Parent or Guardian with a signed permission form and written directions for MAR staff to administer medication. Please notify the MAR office if you need a permission form.

I, _____ (name), am the parent or legal guardian of _____. I authorize and direct Valmaria Inc. DBA Montessori at Riverton (Montessori at Riverton shall hereinafter refer to Montessori at Riverton and its agents, directors and employees) to administer medication to my child as described below.

Montessori at Riverton will administer prescription medication only from the container from which it was dispensed by a registered pharmacist, and only in accordance with the instructions printed on the container by my registered pharmacist. Montessori at Riverton will not administer prescription medication to my child from a container which indicates that the prescription has expired, or that the prescription was not issued for my child. I hereby WAIVER, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Montessori at Riverton for damages for death, personal injury or property damage I or my child may suffer as a result of Montessori at Riverton administration of prescription medication in accordance with its printed instructions.

Montessori at Riverton will administer non-prescription medication according to my written instructions. I ACCEPT FULL RESPONSIBILITY FOR THE CONSEQUENCES OF ADMINISTRATION OF NON-PRESCRIPTION MEDICATION ACCORDING TO MY INSTRUCTIONS. Montessori at Riverton shall have no duty or obligation to check the reasonableness or propriety of my instructions and I WAIVE, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Montessori at Riverton for damages for death, personal injury or property damage I or my child may suffer as a result of Montessori at Riverton's administration of non-prescription medication in accordance with my instructions.

Each and every waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Montessori at Riverton for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless Montessori at Riverton for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases.

I HAVE READ, UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS ABOVE.

Signature _____ Date _____

Student Photo Release

Student's Name _____

Permission is granted to use pictures of my child or my child's works for articles in the newspaper, brochures, web-site displays, classroom materials or other school-related purposes.

Signatures:

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Family Directory Information Release

As a convenience to our families, Montessori at Riverton provides on request a classroom list of student names, parent names, birth dates, addresses and home phone numbers. These lists are to be used by our students' families for the sole purpose of facilitating communication and relationships between MAR families.

Student's Name _____

Permission is granted for my student's name, parent names, birth date, home address and home phone number to be included in the Montessori at Riverton family directory.

Signatures:

Parent/Guardian _____ Date _____

Parent/Guardian _____ Date _____

Field Trip Authorization and Release

I, _____ (name), am the parent or legal guardian of _____. I authorize and direct Montessori at Riverton, (Montessori at Riverton shall hereinafter refer to Montessori at Riverton, Inc., its agents, directors and employees) to transport my child on field trips. I also hereby grant permission for parent volunteers to transport my child on field trips and for my child to participate in field trips. Students enrolled in Montessori at Riverton routinely take field trips. During these field trips, students may be required to walk or be transported in Montessori at Riverton or parent volunteer vehicles. Montessori at Riverton strives to offer a safe and educational experience for your child. Montessori at Riverton will not be liable for any incidents or accidents occurring during transportation or participation in a field trip. I hereby WAIVER, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Montessori at Riverton for damages, for death, personal injury or property damage I or any child may suffer as a result of being transported by a parent volunteer or Montessori at Riverton or participation in a field trip.

Each and every waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Montessori at Riverton for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless Montessori at Riverton for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases.

I HAVE READ, UNDERSTAND AND AGREE WITH THE TERMS AND CONDITIONS ABOVE.

Signature _____ Date _____

Emergency Medical Authorization and Release

I, _____ (name), am the parent or legal guardian of _____. I understand and acknowledge that my child may require first aid and/or emergency medical care for illness or injury occurring at Montessori at Riverton, Inc. (Montessori at Riverton shall hereinafter refer to Montessori at Riverton, Inc., its agents, directors and employees), or on field trips conducted by Montessori at Riverton. If my child should be or appear to be injured, I hereby authorize Montessori at Riverton to render such first aid to my child as appears reasonably necessary under the circumstances; and to take such actions as appear reasonable, necessary, or in the best interest of my child and other children. Montessori at Riverton may transport my child to the doctor named herein or to a hospital or emergency center which Montessori at Riverton may, in its sole discretion, determine to be appropriate under the circumstances. I further confer upon Montessori at Riverton requisite authority to act in my place and stead in authorizing medical care found necessary or advisable by a health care professional. In the event my child should suffer an emergency requiring professional medical services, Montessori at Riverton will use reasonable efforts to notify me as soon as possible but will not delay authorization of needed medical treatment. In the event that Montessori at Riverton is required to accept financial responsibility to obtain medical care for my child, I hereby unconditionally guarantee prompt and full payment for all medical services rendered. I further agree to reimburse, indemnify and hold harmless Montessori at Riverton for all medical costs and expenses incurred on behalf of my child and all other sums of any kind related to such medical expenses.

I hereby WAIVER, RELEASE AND DISCHARGE ANY AND ALL CLAIMS against Montessori at Riverton for damages for death or personal injury my child may suffer as a result of (1) efforts by Montessori at Riverton to render first aid; or transport my child to or from a doctor, hospital or emergency room; (2) handling, diagnosis, treatment or care of my child by a doctor, hospital, emergency center, or emergency transport provider; and (3) failure to render or seek first aid or medical care. Each and every waiver and release contained herein, I make on behalf of myself, my child and any other parent or guardian of my child. By these waivers and releases, I intend to give up my right, my child's right and the right of any other parent or guardian of my child to assert or maintain any claim or suit against Montessori at Riverton for the activities or occurrences described. I believe and represent that I HAVE LEGAL AUTHORITY TO MAKE THE WAIVERS AND RELEASES CONTAINED HEREIN and I agree to indemnify and hold harmless Montessori at Riverton for any liability of any kind arising out of any lack of authority on my part to make such waivers and releases. I have read, understand and agree with the terms and conditions above.

Signature _____ Date _____

Student's Full Name _____ Birth Date _____ Home Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Alternate Contact in Case of Emergency _____ Phone _____

Child's Doctor _____ Doctor's Phone _____

Medical Conditions _____

Medical or Health Insurance Policy Carrier _____

Insurance Policy Number _____

Must be completed at the time of enrollment.

Before and After School activities are available for students ages 5 and older.

	Times Available	Annual Amount	Monthly	Daily
A.M. Session Only	7:30 – 8:30 a.m.	\$ 637	\$ 80	\$ 8
P.M. Session Only	3:30 – 6:00 p.m.	\$ 1275	\$ 160	\$ 13
A.M. & P.M. Sessions		\$ 1488	\$ 185	\$ 15

General Policies: Anyone designated to drop off/pick up the child is required to sign the child in and out. Any part, or all of the morning and afternoon activity times may be used.

Rates: Payment for annual amount is due by August 1, 2010. Payment for monthly amount is due the first day of each month. A late fee of \$35 will be applied after the 5th of the month on any unpaid balance. A \$25 fee will be assessed for returned checks. **No discounts apply.**

Daily Drop-in: The minimum bill for drop-in is the full daily rate, billed **per child**. You will receive a monthly invoice, billed on the 1st of each month following any usage, and due by the 10th of said month. Failure to pay by this date will render your child(ren) unable to participate further in the program until payment is received in full including any accrued late fees.

Fee for Late Pick-Up: \$5 per student, for every five minutes, or part thereof, past 6 p.m. Payable at pick-up.

Before and After School Activities are structured and activities are organized for the maximum benefit of students. The lessons of grace and courtesy which are taught and practiced during school time will also be expected during Before and After School Activities. Students will be responsible for completing their homework as much as possible, cleaning the room, and preparing themselves to leave at the end of the day.

Complete the information below for Before and After School Activities:

Student's Name _____ Class _____

Age as of September 1, 2010 _____

Desired Time(s) A.M. P.M. BOTH AS NEEDED (advance to signature needed below)

Student's approximate arrival time _____ Approximate departure time _____

Payment Method: ANNUAL MONTHLY DAILY

I have read, understand, and agree to abide by the policies as outlined on this form.

Parent/Guardian Signature _____ Date _____

Other Parent or Guardian Signature _____ Date _____