

MONTESSORI OF SANDY
ADMISSION AGREEMENT 2017 – 2018

Date of Enrollment: _____

Name of Child: _____

Sex: _____

Date of Birth: _____

Child's Daily School Time Schedule.

Days : Mon. Tue. Wed. Thurs. Fri.

Time: _____

Previous School Attended: _____

Child's Siblings Name and Age: _____

Child's Health (any allergies): _____

Physical, Mental or Developmental conditions which would require special attentions or any special needs:

Any other remarks: _____

Home Address: _____

Home Telephone: _____

Mother's/Guardian's Name: _____

Employer: _____

Employer's Address: _____

Employer Telephone: (____) _____ Mother's Cell: (____) _____

Email Address: _____

Father's/Guardian's Name: _____

Employer: _____

Employer Address: _____

Employer Telephone: (____) _____ Father's Cell: (____) _____

Email Address: _____

Child's primary source of emergency health care: _____

Address: _____ Phone No: _____

Child's primary source of emergency dental care: _____

Address: _____ Phone No: _____

Individuals authorized to pick up the child:

Name/Relationship to child	Address	Phone Number

Emergency Contacts (other than family living in the child's home. Parents are required to provide one contact that is out of area):

Name/Relationship to child	Address	Phone Number

If there is any change in the Home address, Employers address, Emergency contacts, Authorized people to pick up your child and change of telephone numbers of the above , You are responsible to let the office know about it and make the changes in the Admission Agreement Form.

Initial _____.

If for some reason some your child has to be picked up by a person other than the ones authorized, you are responsible for calling the office giving verbal authorization or a written note. That person has to present his I.D. a copy of which will be taken and put in the child's file.

Initial _____

Who is responsible for Tuition Payment ?

Mother Father Others

Initial _____

Tuition should be paid in full by the 5th of each month in advance for that month. (if the 5th falls on a weekend please make the payments the following Monday.)

Initial _____

A late fee of \$25.00 (No exception)will be applied for payments received after the 5th of each month.

Initial _____

An additional fine of \$25.00 will be charged to tuition paid after the 10th. The fees should be paid in full after the 10th before the students admission status can be reinstated.(No exception).

Initial _____

For payments to be made by the State, Parents you are responsible to submit your paper work to the state well in advance.

Initial _____

Tuition is NOT DEDUCTIBLE for days child is absent from school or the days when the school is closed for holidays.

Initial _____

How did you find out about the school?

1. Google 2. KSL 3. Other _____

In case of emergency or serious illness, when parents cannot be reached immediately, I hereby authorize the provider to obtain emergency medical care and /or provide emergency medical transportation.

Signature of Parent or Guardian

I hereby give the provider permission to transport my child in the provider's vehicle for the following:

1. To and From school 2. Field trips 3. Other.

Signature of Parent or Guardian

Pictures of the children are taken during the class and during events in the school. Parents are emailed these pictures and some of them are used to be displayed on the class bulletin board and on the school website. It is the Parents choice if they do/ do not want their child's picture to be used on the school website.

I hereby give/do not give the school the permission to use my child's picture on the school website.

Signature of Parent or Guardian

I have read, understood and will comply with the policies and procedures included in the Admission Agreement and in the Miss Sunita's Montessori School LLC Parent Handbook.

Signature Of Parent or Guardian

Date

MONTESSORI OF SANDY
CHILD HEALTH ASSESMENT FORM 2017-2018

Date Of Birth _____

Name Of Child _____

Does your child have any known allergies or sensitivities to

Foods	No	Yes	If Yes, please list
Medications			
Others			

Does your child have any of the following

	No	Yes
Asthma		
Diabetes		
Seizures		
Heart Problems		
Hearing Impairment		
Visual Impairment		
Developmental Delays		
Physical Impairment		
Behavioral or Emotional Problems		

Others: _____

List any other health information or special instructions we need to be aware of:

List any regular medications your child takes: _____

Name of child's medical provider: _____

Parent's Signature

Date