MONTESSORI OF SANDY
ADMISSION AGREEMENT 2019 - 2020

Date Of Enrollment: ______________________

Name Of Child: ____

Sex: _______________

Date Of Birth: ____________________

Child's Daily School Time Schedule

Days: Mon Tue Wed Thu 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 attention or any special needs:

____

____

Any other remarks: ____

____

Home Address: ____

Home Telephone: ________________________

Mother's/Guardian's Name: ____

Employer: ____

Employer's Address: ____

Employer's Telephone: __________________________ Mother's Cell: __________________________

Email Address: ______________________________________

Father's /Guardian's Name: ____

Employer: ____

Employer's Address: ____

Employer's Telephone: __________________________ Father's Cell: __________________________

Email Address: ____

Child's Primary Source of Emergency Healthcare: ____

Address: ____

Phone No: ____________________________________

Child's Primary Source of Emergency Dental Care: ____

Address: ____

Phone No: ______________________________________

Individual's 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, Employer's 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 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. The person picking up the child has to present his/her 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 fee of $25.00 will be charged to the 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 paperwork 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?

Google KSL 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/Guardian

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

To and Fro from school Field Trips Other

____
Signature of Parent/Guardian

I have read, understood and will comply with the policies and procedures included in the Admission Agreement and in the Montessori Of Sandy Parent Handbook.

____ __________________________________
Signature of Parent/Guardian Date

MONTESSORI OF SANDY

CHILD HEALTH ASSESSMENT FORM 2019-2020

Date Of Birth: ____________________

Name Of Child: _________________________

Does your child have any known allergies or sensitivities to

	No	Yes	If yes, please list
Foods			
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 you child takes: ____

Name of child's medical provider: ____

______________________________________ ________________________________

Signature of Parent/Guardian Date