



Park Point Montessori School

Director – Madhu Singh

Admission and Registration Form

Date of Admission: _____
Date of Withdrawal: _____

Child's Name: _____ Date of Birth _____
 Home Telephone No. _____
 Home Address: _____

Class of Enrollment: _____

Hours/Days of Program Enrolled: Half Full Extended After school
 Days of Week: M T W Th F Other: _____

Parent/Guardian's Name: _____
 Mothers Phone No: Day: _____ Cell: _____
 Fathers Phone No: Day: _____ Cell: _____
 E-mail for correspondence: _____

We will be using e-mail for correspondence regarding tuition/weekly updates/school closing, etc.

Parent/Guardian's Home Address: Same as Child's
 Other: _____

Emergency Contact Information: Note: The listed person(s) must be willing to assist in the care/pick-up of your child in the case that we are not able to contact you, please refer to handbook for details of emergency procedures.

Contact Name: _____ Relationship: _____
 Phone No: 1) _____ 2) _____

Contact Name: _____ Relationship: _____
 Phone No: 1) _____ 2) _____

Park Point Montessori is authorized to allow my child to leave the childcare facility ONLY with the following person(s): (All persons are subject to a Photo ID/ DL check at front desk prior to pick-up of students)

Name: _____ Phone No.: _____
 Name: _____ Phone No.: _____

ALLERGIES: Include Food/Insects/Environmental/Medication allergies here.

1) _____ - Treatment needed: _____
 2) _____ - Treatment needed: _____
 3) _____ - Treatment needed: _____
 4) _____ - Treatment needed: _____

Authorization for Emergency Medical Attention

Physician Name: _____ Phone No.: _____
 Address: _____
 Hospital Name: _____ Phone No.: _____
 Address: _____

In the event of an accident/illness/emergency, I, the undersigned, do hereby authorize the Director/Staff representing Park Point Montessori School or an emergency vehicle to transport my child to the nearest hospital and to render any and all necessary emergency treatments to my child. I, the undersigned, hereby authorize the Director/Staff representing Park Point Montessori School to undertake any/all emergency measures to protect my child's safety, while my child is in school. I fully understand that payment for all emergency medical treatment (medical, hospital, ambulance/transport) is the sole responsibility of the Parent/Guardian. I will not hold the school, Director, and/or any Staff financially responsible for my child's emergency care.

 Signature – Parent or Legal Guardian

 Date



Park Point Montessori School

Admission and Registration Form (continued)

Transportation:

- I DO give consent for my child to be transported and supervised by facility's employees:
- On field trips To and From Home To and From School
- I DO NOT give consent for transportation (excluding emergency medical care/situations)

Water Activities :

- I DO give consent for my child to participate in water activities including:
- Sprinkler Play Splashing/Wading Pools Water Table Play
- I DO NOT give consent for my child to participate in water activities.

Field Trips:

- I DO give consent for my child to participate in Field Trips
- I DO NOT give consent for my child to participate in Field Trips

- I DO give my consent for my child's picture to appear on the school's website. (photos will not be sold or circulated to any third parties).

List any special problems/ chronic illnesses / developmental disabilities below that may affect your child:

Has your child attended another pre-school? _____

If Yes, Please give name and address for the other school.

Monthly/Weekly tuition fees includes all school holidays and will not be pro-rated if your child does not attend school due to sickness, vacation, or other school/family holidays. All tuition for the month must be paid in full on or before the 5th day of the month or you will incur late fees as per the Tuition Agreement. After the 15th day of the month, outstanding balances or unpaid tuition will keep your child from attending school and you will be responsible for the balance of the tuition. Annual Registration and material fees are non-refundable and are due with the enrollment form. A security deposit is also due at the time of enrollment and is refundable only if written notice is given to the Director **30 days** prior to withdrawal from the school. A new registration fee will be required to re-instate any returning students. Late fees and returned check charges will be applied as per the Tuition Agreement.

All paperwork required for completion of enrollment to Park Point Montessori School (including Physician's Forms, Immunization records, and Emergency contact information) must be turned in within two weeks of student's enrollment or your child may not attend school until his/her file is complete.

I acknowledge receipt of the operational policies including those for discipline, guidance, and the financial agreement. I hereby agree to read, follow, and abide by the school policies at all times.

Receipt of Written Operational Policies _____

Signature of Parent/Guardian

Date