



Name of Child (Last, First, Middle Initial)		Date of Birth
Parent/Guardian Name	Address (Street - State - Zip)	
Home Address	Home Phone	Work Phone
Cell Phone	Email	

••• FINANCIAL AGREEMENT

Please initial each section listed below, then sign and date the last page.

TUITION AND FEES

_____REGISTRATION FEE: I understand that an annual, non refundable, Registration Fee of \$_____ shall be paid in advance to enroll my child. I understand that this fee guarantees my child’s enrollment. I also understand that I am responsible for a non-refundable supply fee of \$_____.

_____TUITION and MODIFICATION CONDITIONS: \$_____ per month is the current tuition rate for the program that I have chosen. I understand that rates are subject to change with reasonable notice, as conditions require. The school follows state specific required time frames on tuition and modification notices.

_____PAYMENT OF TUITION: I understand that tuition is due and payable, by the fifth day business day of each month. I understand that the tuition is based on a formula, which spreads the school year tuition over the academic year calendar. I understand that there is no reduction in monthly tuition for months including holidays, sickness, vacations, and emergency closings.

_____LATE OR UNPAID TUITION: If payment in full is not received when due, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modification notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child’s spot will be held when a child is withdrawn due to non-payment of tuition.

_____CHARGES AND PROCEDURE FOR LATE PICK-UP: My chosen program is _____ from ____ to _____, except for holidays. I understand that if I fail to pick up my child by the scheduled time or after school closing time, I will be charged a late fee of \$15 per every 15 minutes or portion of fifteen-minute period, per child, until the child is picked up.

_____ADDITIONAL FEES: I understand that children enrolled in summer programs, children attending during scheduled school breaks, and children attending after-school programs may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. Please consult the Head of School for details.

_____RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checks which are returned for any reason, and this fee is in addition to any charges that my bank or financial institution may charge me. I understand that any non-sufficient funds checks will be resubmitted up to three times. If more that two checks are returned with a six-month period, I will be required to pay by an alternate method of payment for the next six-month period.



DAILY PROCEDURE

____ **HOURS OF OPERATION:** Cosmic Montessori School is open 6:00 a.m. to 6:00 p.m., Monday through Friday. The school will be closed in recognition of various holidays throughout the year. Cosmic Montessori School will provide a list of all scheduled holiday closings. The school's hours and holiday schedule are set and posted annually, but may be changed at any time. There is no reduction in tuition as a result of school closures.

If I or other authorized persons fail to pick up my child and/or contact the school, and I or other authorized persons cannot be reached, school staff, within thirty minutes after closing time or in accordance with state childcare licensing regulations, may release children to the custody of child protective services or other local authorities.

Cosmic Montessori School will be open whenever possible on a regularly scheduled day, during normal hours. Should weather or other conditions cause a delay in opening or school closure, families will be notified via phone. If it becomes necessary to close early, it will be your responsibility to arrange for your child's early pick-up. There will be no tuition credit for any time the school is closed due to weather.

____ **DAILY PROCEDURE:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated classroom and staff member each day of attendance.

____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up my child upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school.

____ **INSPECTING RECORDS:** I understand that the state childcare regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to audit child or facility records, to observe the physical condition of the children in the school, without prior notice or consent by myself or by the school.

____ **WITHDRAWAL:** I understand that I must provide thirty (30) days written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for thirty (30) days, whether or not my child attends. I understand that when my child is withdrawn, she/he will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.



... MEDICAL INFORMATION & CONSENT FOR TREATMENT

____MEDICATIONS: Individual state childcare licensing regulations regarding medication must be followed. Any mandatory state form regarding administration of prescription or non-prescription medication must also be completed and signed by a parent/guardian.

For any prescription and non-prescription medication, a written authorization to administer the medication in accordance with written instructions from the child's health care professional, is required. For any prescription medication, I will complete necessary authorization forms with my signature and understand the prescription label dosage instructions must be followed. I will provide the medication in its original container with the pharmacist's label.

____MEDICAL POLICIES:

1. Prior to enrollment, I must provide Cosmic Montessori School with updated medical and immunization information for my child. This information must be updated in accordance with state childcare licensing regulations and kept current. I understand that children without appropriate current medical records may not attend Cosmic Montessori School.
2. I agree to promptly provide information to Cosmic Montessori School regarding any conditions, illnesses, allergies, or other special needs that may require specific care or attention and agree to provide additional documentation as needed.
3. If Cosmic Montessori School's staff notifies me that my child is ill, I or authorized person must pick up my child as soon as possible and no later than one (1) hour after being contacted.
4. If my child contracts a reportable contagious disease, my child may return only with a physician/health care professional's note indicating that my child is no longer contagious.
5. In case of a medical or other emergency while my child is under the school's supervision, I understand that Cosmic Montessori School's staff will attempt to contact me immediately; however, in the event that I or my authorized emergency contacts cannot be reached, or when a delay would further jeopardize my child's health, I hereby authorize Cosmic Montessori School to act on my behalf and to take the emergency measures including those listed below if deemed necessary by Cosmic Montessori School's staff or by medical authorities for the care and protection of my child. I authorize Cosmic Montessori School to:
 - Consult the physician if I cannot be reached.
 - Administer first aid and/or cardiopulmonary resuscitation (CPR).
 - Transport my child via ambulance or other emergency medical service to Rush Copley Hospital, if deemed necessary by paramedics, police, or other emergency personnel.
 - Obtain any emergency medical or dental treatment deemed necessary by medical authorities.
 - Transport my child to a local emergency shelter in the event of an emergency evacuation of Cosmic Montessori School's facility.
6. If I wish to request a religious or personal exemption to Cosmic Montessori School's practice of securing necessary emergency medical treatment in the event I cannot be reached, I must provide written documentation and I understand if in the event of a life-threatening emergency, my child will be transported to Rush Copley Hospital with the above said documentation. Cosmic Montessori School must provide care if a situation is deemed potentially life threatening.
7. I must complete any additional medical authorization forms required by the local state childcare licensing regulations or Cosmic Montessori School.

Signature of Parent or Guardian

Date



... CONSENT FOR TREATMENT

In order to be prepared for any emergencies that may occur with your child while you are away from him/her, please provide the following information. A copy will be provided to Rush-Copley Hospital to assure your child receives immediate care should it be necessary in your absence.

<i>Insurance Information - Name of Insurance Company</i>	<i>Policy #</i>	<i>Group #</i>
<i>Insurance Mailing Address</i>	<i>City - State - Zip Code</i>	
<i>Policy Holder's Name</i>	<i>Policy's Holder Birthday</i>	
<i>Employer of Policy holder</i>	<i>Employer's Address - City - State - Zip</i>	
<i>Emergency Contact</i>	<i>Relationship to Child</i>	<i>Work Phone</i>
<i>Address</i>	<i>Cellphone</i>	<i>Email</i>

By signing below I give my consent to the Rush Copley Emergency Services staff to treat my child in an emergency when it is impossible to reach me. I understand that this form is legally acceptable for one year and will be discarded after that time.

Signature of Parent or Guardian Date

Things to be aware of _____

Allergies/Medications _____

Health Conditions _____

Prohibited Foods _____



••• HOLIDAYS, ABSENCES, AND CLOSINGS

____HOLIDAYS: I understand that the school is closed on the following holidays: New Year’s Eve, New Year’s Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day, the Day after Thanksgiving, Christmas Eve, and Christmas Day. School closings outside of this list are posted on the school calendar. I agree that I will not receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

____ABSENCES/VACATIONS: I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for any absences (i.e. sickness or vacation). My regularly contracted tuition is due for all weeks when my child attends any part of the week. I also understand that if I withdraw my child during a vacation or extended absence, my child’s placement is not guaranteed and I will be required to pay a new non-refundable registration fee upon return.

____INCLEMENT WEATHER OR OTHER DISASTERS: I understand that it is Cosmic Montessori School’s intention to be open and provide educational service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster or major building issues may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

____ALL POLICIES & STATE REGULATIONS: I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents, and I are bound by state child care regulations, the Family Handbook, and all other company policies, which may be modified at any time, without notice.

____FAMILY HANDBOOK: I have received a copy of the Family Handbook. I have read and understand its contents and policies and agree to be bound by same.

____NO MODIFICATIONS: No terms of this Agreement may be altered, revised, modified, or deleted by any person except in cases of policy change or rate changes to which both the Head of School and I must initial. Any alterations, revisions, modifications, or deletions of any term of this Agreement are null and void.

____LATE PICK UP POLICY: If a parent realizes that circumstances beyond their control are going to delay pick-up, a phone call is required. A late fee of \$5.00 per 15 minutes per child will be charged after 6:05 p.m. If a parent has not called or picked up a child by 6:05 p.m. *Cosmic Montessori School* will start placing calls to parents and emergency contact listed in the child’s file. If neither the parents nor emergency contacts can be reached after 3 attempts and within 2 hours, Police will be informed of the situation. Staff will continue to care for the child until parents, emergency contacts, police, or DCFS have arrived. Please remember the children and their safety is our number one priority. It is our policy that at no time will staff discuss the situation with the child or make the child feel like this is their fault. We would like the children to remain calm and well cared for in our protected environment. Emergency contact information should remain up-to-date on our file and we will review this information with parents regularly. Please notify us immediately if any information changes.

These policies have been reviewed with me by the Head of School. I understand and will comply with the policies included in the Enrollment Agreement and Family Handbook. The policies in this contract will supersede all other previous documents.

Signature of Parent or Guardian

Date

Head of School Signature

Date



••• **EMERGENCY CONTACT & RELEASE PERSONS** – Do Not Include Parents and Guardians

If possible please notify Cosmic Montessori School if an Emergency Release Person will pick up your child on a given day. For the Safety of your child, we will request all authorized pick up people with whom staff are not familiar to provide Government issued photo ID at time of pick up.

<i>Name #1</i>	<i>Relationship to Child</i>	<i>Home Phone</i>	<i>Cell Phone</i>
<i>Home Address</i>	<i>Home Email Address</i>		<i>Work Phone/ext.</i>
<i>Name #2</i>	<i>Relationship to Child</i>	<i>Home Phone</i>	<i>Cell Phone</i>
<i>Home Address</i>	<i>Home Email Address</i>		<i>Work Phone/ext.</i>
<i>Name #3</i>	<i>Relationship to Child</i>	<i>Home Phone</i>	<i>Cell Phone</i>
<i>Home Address</i>	<i>Home Email Address</i>		<i>Work Phone/ext.</i>

- The persons designated above are authorized to be contacted by Cosmic Montessori School and pick up my child if there is a medical or other emergency in which I cannot be reached. The authorized release person must be 18 years of age and older and provide photo identification.
- Cosmic Montessori School’s Staff will release your child only to you and to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify Cosmic Montessori School’s staff in advance, in writing. **Your child will not be released without prior authorization.** In the event you phone in a pick up authorization into the school the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.
- For all children's safety, it is critical to use your assigned PIN and/or entry code and sign in child (ren) when arriving at Cosmic Montessori School. To ensure the safety of our school, staff, and children, please do not share your PIN and/or entry code.

Signature of Parent or Guardian

Date



... **RELEASE FORM**

❖ I give my permission for my child to go on field trips conducted on and around the campus of Cosmic Montessori School.

Signature

❖ I give permission for my child to be given first aid treatment in case of an accident.

Signature

❖ I give permission for my child to be taken to the hospital in case of an emergency.

Signature

❖ I give permission to college students to carry out observations of my child. These observations will be used to record my child's achievements, learning and development.

Signature



... DISCIPLINE AND BITING POLICY

The Montessori approach is based on a profound respect for the child and his/her capabilities for self-development. Within the Montessori class, the child is given choices. The Montessori teacher facilitates these choices so that through them, the child builds the person that he or she is to become. Due to this orientation, Montessori environments are peaceful and non-aggressive. Freedom implies responsibility. Through the experience of freedom within a well-established structure of ground rules, children grow into self-disciplined individuals, ready and eager to participate in society.

Expectations for Children’s Behavior in the Infant-Toddler Community

- ▲ Children should respect each other (e.g., no hitting, kicking, biting, abusive language, etc.)
- ▲ Children should respect their teachers and respond when spoken to.
- ▲ Children should respect the environment (including plants, animals and materials).
- ▲ Children should walk while indoors.
- ▲ Children should use quiet, “indoor” voices.

Guidelines for Implementation of Discipline by Staff

It is the responsibility of the staff to see to it that behavioral expectations described above are followed through and that the peaceful social order of the classroom environment is maintained for the benefit of all the children. Each child is to be given the needed guidance in order to participate successfully in the classroom environment.

If a child has a difficulty, the staff member will assist the child by pointing out alternative positive behaviors within the community, or by inviting the child for purposeful rest and an opportunity for self-calming, before helping him/her to become re-involved in meaningful activity.

If a difficulty arises between two children, the staff member will support and encourage the children in its resolution through expressing themselves verbally to each other. The rights of a child who has been aggressed upon will be protected, and a child who has become distressed through an encounter will be comforted.

Under no circumstances will a child be demeaned verbally or subjected to corporeal punishment.

Parent Involvement in the Guidance and Discipline Process

Cosmic Montessori School sees itself as being a primary support to parents in the total education of their child, which includes the area of discipline. When a child is experiencing an issue with self-control, his/her parents will be informed, and the staff will work with the parents in developing a unified approach and response to the child’s behavior. Parents are expected to make use of the program’s group and individual conferences and educational meetings, regularly scheduled over the school year, to keep themselves informed about their child’s individual program and the school’s overall educational program and approach.

Written procedures for termination of a child’s enrollment at *Cosmic Montessori School* because of disciplinary issues

If we think that *Cosmic Montessori School* is unable to meet the needs of the child, a meeting will be called within one week after staff have noted behavioral difficulty deemed to be unmanageable within the classroom environment. An action plan will be developed cooperatively. The school will provide support and referral information to parents if outside assessment and/or intervention is needed. If it is decided that the child’s need cannot be served adequately through placement at the school, our staff will support the family in finding services more appropriate to the child’s needs.

Parents Name: _____

Parents Signature: _____



... PHOTOGRAPHY AND VIDEO

Cosmic Montessori School would like your permission to use any images or videos taken of your child in various publications and promotional materials. Examples of where we might want to use these include: authorized Internet pages, magazines, information leaflets, videos, and press releases. Should you wish to view the photographs/ images/videos of your child, copies will be made available at the school for you to see on request.

Permission relates to Cosmic Montessori School’s official or endorsed promotional materials only. We need to know whether you are happy for us to use your child’s image for these purposes and in these formats. Should you choose to withdraw your consent at any time, please contact us and we will respect your wishes as quickly as possible.

I grant Cosmic Montessori School the right to copyright said photographs and videos in Cosmic Montessori School’s name.

By agreeing below you are forever releasing and discharging Cosmic Montessori School from any and all claims, actions, and demands arising out of or in connection with the use of said photographs/videos, including, without limitation, any and all claims for invasion of privacy and libel. This release shall inure to the benefit of the assigns, licensees, and legal representatives of Cosmic Montessori School.

Declaration

- I grant permission for photographs/videos of my child to be used in the formats indicated above.
- I do not grant permission for photographs/videos of my child to be used in the formats indicated above

Name of Child: _____

Class: _____ Date: _____

Parents Name: _____

Parents Signature: _____