

# Cosmic Montessori School

## International Education for Life

Date: \_\_\_\_\_

### Financial Agreement

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

**Please initial each section listed below, to confirm you have read and understood, then sign and date on the next page**

**\_\_\_ TUITION and MODIFICATION CONDITIONS:** \$\_\_\_\_\_ per month (September 2018-May 2019) is the current tuition rate for the program that I have chosen (as marked below). I understand that rates are subject to change with reasonable notice.

**PROGRAM NAME:** ELEMENTARY \_\_\_ 3-6 \_\_\_ TODDLER \_\_\_ INFANT \_\_\_

**PROGRAM DAYS:** (please circle) M T W Th Fr **PROGRAM HOURS:** \_\_\_\_\_am to \_\_\_\_\_pm **HOT LUNCH:** Y / N

(Pro-rated August 2018 tuition for families who do not participate in the summer program is \$\_\_\_\_\_, due by August 5<sup>th</sup> 2018.) *A School Supply Fee is also due in August via separate payment; please notate 'School Supply Fee'.*

**\_\_\_ PAYMENT OF TUITION:** I understand that monthly tuition is due and payable by the **5<sup>th</sup> day of each month**. I also understand that the monthly tuition is based on a formula, which spreads the tuition over the academic year calendar; winter holidays, Spring Break and other school holidays are factored in to this formula. I understand that there will be **no reduction in monthly tuition** for holidays, sickness, vacations and emergency closings *and I will not request one.*

**\_\_\_ LATE OR UNPAID TUITION:** If payment is not received in full by the due date, I agree to pay a late payment fee of \$35 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 The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.



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\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** I understand that if I fail to pick up my child by the scheduled end time of my program (as listed under PROGRAM HOURS above), I will be charged a late fee of \$15 per every 15 minutes, per child, until my child is picked up.

\_\_\_ **ADDITIONAL FEES:** I understand that children enrolled in summer programs, children attending camps during scheduled school breaks and children attending after-school programs will pay a separate Activity Fee for attendance. Please consult the Enrollment Officer for details. Registration and payment must be complete prior to the first day of class/camp in order to participate.

\_\_\_ **RETURNED CHECKS:** I understand that a school processing fee of \$35 will be charged to my account for *all checks that are returned for any reason*. This fee is in addition to any charges that my bank or financial institution may charge me and the school. If my check is returned, I will be required to pay my total balance, including school and bank processing fees, by an alternate method of payment (cash or electronic bank deposit) within five business days. An alternative method of payment (cash or electronic bank deposit) will also be required for *all* tuition fees throughout the remainder of the school year.

\_\_\_ **LOST/MISPLACED PERSONAL ITEMS OR CLOTHING:** I understand that Cosmic Montessori is not responsible for lost/misplaced personal items or clothing and there will be no reduction in tuition in the event an item does go missing.

\_\_\_ **WITHDRAWAL FROM SCHOOL:** 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, he/she 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 pay a new non-refundable Registration Fee and complete an entire new Enrollment Agreement at the current rate. If there is an outstanding balance (including tuition, activity fees and late fees) when my child is withdrawn, I will be required to settle my account immediately. Re-enrollment will not be accepted until all fees have been paid. I understand that all fees (Registration, Tuition and Activity) are non-refundable.

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Signature of Parent / Guardian

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Date

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Print Name



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### \* \* \* 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 profession, 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 until documentation is provided.
2. If Cosmic Montessori School's staff notifies me that my child is ill I, or an authorized person, must pick up my child as soon as possible and not later than one (1) hour after being contacted.
3. 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.
4. 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 a 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, or 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.
5. 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, in the event of a life-threatening emergency, my child will be transported to Rush Copley Hospital with the above mentioned documentation. Cosmic Montessori School must provide care if a situation is deemed potentially life threatening.



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6. I must complete any additional medical authorization forms required by the local state childcare licensing regulations or Cosmic Montessori School.

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Signature of Parent or Guardian

Date



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### \*\*\* 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.

Insurance Information – Name of Insurance Company	Policy #	Group #
Insurance Mailing Address	City – State – Zip Code	
Policy Holder's Name	Policy Holder's Date of Birth:	
Employer Name of Policy Holder	Employer's Address, Street – City – State – City	
Emergency Contact	Relationship to Child	Work Phone
Address	Cell phone	Email Address

By signing below I give my consent to Rush Copley Emergency Services staff to treat my child in an emergency when it is impossible to reach me. I will notify Cosmic Montessori School if my insurance information changes.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Things to be aware of:

Allergies: \_\_\_\_\_

Medication Required: \_\_\_\_\_

Prohibited Foods: \_\_\_\_\_ Vegetarian: ☐ Yes ☐ No

Health Conditions: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_



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### ★ ★ ★ 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 Preschool School

- 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 School, 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 corporal 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.



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### Child's Involvement in the Guidance and Discipline Process

As part of the development of responsibility, *Cosmic Montessori School's* staff will attempt to involve a child who has caused a problem in the resolution of that problem, to the extent that this is developmentally appropriate and meaningful. As examples, a child who had hurt another child might be encouraged to give comfort or say "I am sorry" or, a child who had thrown materials around the room might be assisted in gathering those materials and returning them to the area where they are located.

### Written procedures for termination of a child's enrollment based on disciplinary issues

A meeting will be called within one week after staff has noted behavioral difficulty deemed to be unmanageable within the classroom environment, and 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.

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Parent's Name (s):

Date

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Signature of Parents:

Date



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### \* \* \* 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 education service every weekday of the year, excluding holidays, but that the 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 MODIFICATION:** No terms of the 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 realized that circumstances beyond their control are going to delay pick-up, a phone call is required. A late fee of \$15.00 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 staff will 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 in our files and we will review this information with parents regularly. Please notify us immediately if any information changes.



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These policies have been reviewed with me by the Director. 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.

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Signature of Parent or Guardian

Date

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Director's Signature

Date



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### \* \* \* EMERGENCY CONTACT & RELEASE PERSONS – DO NOT INCLUDE PARENTS & GUARDIANS

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. If the pick up person is not listed below, your written consent will need to be given before the child is released.

Name #1	Relationship to Child	Home Phone	Cell phone
Home Address	Email Address	Work Phone/Ext	
Name # 2	Relationship to Child	Home Phone	Cell phone
Home Address	Email Address	Work Phone/Ext	
Name # 3	Relationship to Child	Home Phone	Work Phone/Ext
Home Address	Email Address	Cell phone	

- 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 or older and will be required to provide photo identification before my child is released.
- Cosmic Montessori School's staff will release my child only to Parents/Guardians 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 the school with a pick up authorization the Parent/Guardian Identification Information questions will be used to verify your identity and to authorize the release of your child.
- Extended-hours parents are issued a keycard for entrance into the building when staff may not be present in the office. For the safety of all children and staff it is critical not to share your keycard with anybody and you should not admit any person into the building with you.

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Signature of Parent/Guardian



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### \* \* \* RELEASE FORM

As a Parent or Guardian I do hereby give my child permission to attend field trips organized by Cosmic Montessori School, that may be conducted around, or away from, the school campus. I understand that students may travel by school bus and that I will be notified in advance about all field trips that involve school bus travel away from school. This permission also extends to students leaving campus for fire drills and walks.

\_\_\_\_\_  
Parent/Guardian Signature

As a Parent or Guardian I do hereby give permission, in case of emergency, to the staff of Cosmic Montessori School to seek emergency medical treatment for my child. I understand that, whenever possible, school personnel will first try to contact me and/or any medical personnel listed on my child's Emergency Contact Form before proceeding with any course of action. I understand that, if considered necessary, my child will be taken to the hospital or an emergency vehicle will be called. I understand it is my responsibility to maintain a current emergency contact form.

\_\_\_\_\_  
Parent/Guardian Signature

As a Parent or Guardian I do hereby give permission for my child to be given first aid treatment in case of an accident.

\_\_\_\_\_  
Parent/Guardian Signature

As a Parent or Guardian I do hereby give permission for college students to carry out observations on my child. These observations will be used to record my child's achievements, learning and development. I understand that, with prior approval from our school, teachers from other Montessori schools may observe my child's classroom for their personal development and learning.

\_\_\_\_\_  
Parent/Guardian Signature

As a Parent or Guardian I do hereby give permission for my child's photo/image to be published on social media such as Cosmic Montessori School's website, Facebook page for the purpose of celebrating my child's work or advertising a school program.

\_\_\_\_\_  
Parent/Guardian Signature



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My child's image may also appear within program advertising materials such as brochures and flyers. Personal information, such as names, will never be used.

\_\_\_ I grant permission for a photo/image that includes my child to be published on the school's website

\_\_\_ I grant permission for a photo/image that includes my child to be published on the school's Facebook

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_ I grant permission for a photo/image that includes my child to be published on SchoolCues

### **Cosmic Montessori Community Event Photo Release**

Our community events are voluntary to attend and occur outside the designated school schedule. I understand that by attending Cosmic Montessori Community events (i.e. Fall Festival, Cultural Fair, etc.) I give consent to the use of group photos or video taken of my child and family for publicity, promotional and/or educational purposes (including publications, presentation, Cosmic Website or other social media resources. While at a Cosmic event, it is my responsibility to remove my child from photo situations.

\_\_\_\_\_  
Parent/Guardian Signature

### **Cosmic Montessori Information Release**

As a parent of a Cosmic Montessori student, I hereby consent to the distribution of my contact information (Parent name (s) email address (es) and phone number (s) in the form of a classroom contact list posted in School Cues. This contact information will be accessible by ALL parents of Cosmic Montessori students (for the purposes of distributing birthday invitations, requesting playdates, etc.)

\_\_\_ YES, I give Cosmic Montessori consent to publish or distribute my contact information.

\_\_\_ NO, I would not like my contact information published or distributed. By selecting this option, my child's information will not be included on the classroom contact list.



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## \*\*\* STUDENT TRANSPORTATION RELEASE FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Classroom: \_\_\_\_\_

Parent(s) or Guardian(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

This form acknowledges that my child(ren) may ride the Cosmic Montessori School Bus to Cosmic Montessori School from a designated pick up place and vice versa.

If and when the behavior of my child(ren) becomes too distracting for the others on or the driver of the bus, I acknowledge that she or he will be asked to find other transportation.

In consideration of the opportunity for my child to participate and fully recognizing that such as undertaking involves an element of risk, we assume all risks and hazards incidental to such participation and do hereby release, absolve, indemnify, and agree to hold Cosmic Montessori School harmless, nor any of said persons shall be held financially responsible for any injury, illness or death as a direct or indirect result of this activity.

WE, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS AND EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. WE UNDERSTAND THAT THERE IS NO MEDICAL INSURANCE PROVIDED BY COSMIC MONTESSORI SCHOOL.

Signature of Parent(s) or Guardian (s): \_\_\_\_\_

Date: \_\_\_\_\_



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