

CHILD'S RECORD.

First / last name: _____

Nickname if used: _____ DOB: _____

Address: _____ Male Female

Previous Child Care or Preschool: _____

Reason for Changing Child Care: _____

Start Date: *(Projected/Preferred)* _____

Do Relevant Custody Papers Apply? Yes No

How did you learn about our program?

Referred by _____ *Ads, Internet, Others* _____

Primary Language Spoken: _____ Other Languages Spoken: _____

PARENTS / GUARDIAN'S INFORMATION.

First / last name: _____

Relationship: _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Occupation: _____

Employer: _____ Work Phone: _____

Work Address: _____ Zip Code: _____

First / last name: _____

Relationship: _____

Home Address: _____ Zip Code: _____

Home Phone: _____ Email: _____

Cell Phone: _____ Occupation: _____

Employer: _____ Work Phone: _____

Work Address: _____ Zip Code: _____

SIBLINGS / OTHER CHILDREN AT HOME.

Name/s: _____ Age: _____

Name/s: _____ Age: _____

Reason/s for enrolling child at Bamboo Montessori school:

What are your expectations of your child's experience at Bamboo Montessori:



**AUTHORIZED PERSON TO WHOM THE CHILD MAY BE RELEASED
OTHER THAN PARENT.**

ID will be required to be presented at pick up time.

Person 1: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Person 2: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Person 3: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

In order for us to get to know your child even better, we appreciate you taking the time to share some additional information about your child's life.

Talents / Gifts	Work in Progress Area
Likes	Dislikes
Activities at home	Activities Outside home
Sibling or other children in the household	Pets
Eating Habits, food preferences	House Chores
Bathroom skills	Sleeping Habits
Socialization skills	How your child handles difficult / challenging situations

How would you describe your child?

Bamboo Montessori often takes pictures of the school and the children at play and we sometimes use these pictures in our advertising materials or post them on the website. We need parent's consent in order to use those pictures. Do you authorize us to include a picture of your child in those advertising materials or on the website?

- YES, I consent to using my child's picture in your advertising materials or on the website.
- NO. Please do not use my child's photo in your advertising materials or on the website.

Authorization to share my information in the Parents' Directory.

- YES, I consent to share my information in the Parents' Directory.
- NO. Please do not share my information.

Name and Signature of both parents/legal guardians required:

Name: _____ Date: _____

Signature

Name: _____ Date: _____

Signature

PARENT'S PLEDGE OF SUPPORT:

I, _____ legal parent of (*student full legal name*)
_____, do hereby promise to support the Bamboo
Montessori mission, vision and incorporate the Montessori philosophy which includes:

- Recognizing that my child is a gift to be loved and cared at all times.
- Recognizing that I set my life as an example to my child.
- Being respectful in word and in deed to my child.
- Letting my child do things independently and only intervening if my child's and others safety is in Jeopardy.
- Supporting the "NON-commercial / media logos" that might be a cause for distraction for my child and his peers while in school.
- To have an open mind in with any recommendation or suggestion that the school is deeming to be of great importance for my child's success.
- To have an open, honest and truthful communication with the staff and administration.
- To follow and abide in the school's rules, regulations and expectations as stated in the Parent & Teacher Handbook.
- To participate in my child's parent-child event and activities the best of my ability.
- To give my child and my whole family the opportunity to be a part of Bamboo community service program by investing either our time, talent and/or treasure.

We expect families to have an authorized person pick up your child when you are unavailable.

Please respect our environment and your child by picking your child up on time.

Late fees are charged to you on the day they occur. Continual irresponsibility to pick up your child on time will result in termination of your school agreement.

Name and Signature of both parents/legal guardians required:

Name: _____ Date: _____

Signature

Name: _____ Date: _____

Signature



EMERGENCY AUTHORIZATION FORM

I, _____ legal parent of (*student full legal name*)
_____, authorize Bamboo Montessori and staff to
summon an ambulance at my expense to transport my child to the hospital.

Bamboo Montessori has my permission to seek medical attention (*surgical or otherwise*). The
following information will be used to reach me in case of an emergency:

This is effective (*Date*) _____

Parent or Guardian: _____

Home Phone: _____ Work Phone: _____

Address: _____

Parent or Guardian: _____

Home Phone: _____ Work Phone: _____

Address: _____

Pediatrician: _____ Phone: _____

Health Insurance number: _____ Group: _____

On behalf of my child, I hereby warrant that I have read this Medical Release / waiver in this entirety and fully understand the contents. I am aware that this Medical release / waiver exempt the liability of Bamboo Montessori and acknowledge my voluntary and knowing assumption of the risk of injury or illness. I have signed this document voluntarily and of my own free will.

In a non-emergency situation, Bamboo Montessori staff shall administer appropriate first-aid and call a parent. At that time, the parent will determine whether they would like to pick up their child and see a physician or not. Bamboo Montessori will log the injury and make the child feel as comfortable as possible until they feel like joining the group or the parent picks them up. Under no circumstances will a staff member transport a child to the doctor or hospital for medical treatment.

Signature _____ Date _____

Signature _____ Date _____

NOTE: The priority persons listed below will be called if parent 1 and 2 could not be reached. They will be called after 15 minutes of unreached parents for communication purposes only.

Priority 1:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Priority 2:

Name: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Allergies: _____ Medication: _____

Other Needs, specify condition:

With Medical Insurance: Yes None

If yes, specify carrier: _____

Health Insurance number: _____ Group: _____

Physician's Name: _____

Physician's Contact Info: _____

Dentist's Name: _____

Dentist's Contact Info: _____

Parent's Authorization:

I, _____ legal parent of (*student full legal name*)
_____, do hereby authorize Bamboo Montessori:

- To obtain emergency medical care for my child, except for these restrictions:

- To give prescribed and non-prescribed medicine in school when necessary.
- To be taken in school premises for outdoor activities such as but not limited to gardening and science.
- To let my child participate in water activities without notice. (such as sp

SCHEDULES TUITION.

Registration Fee *NON REFUNDABLE* \$250

Annual Snack Fee (*in September*) \$175

MONTHLY PROGRAM	TIME	5 DAYS
Preschool Program full day with extended care.	8.30 am to 4.00 pm	\$955 per month.

TUITION AND FEES POLICY

I, _____ legal parent of (*student full legal name*)
_____, do hereby acknowledge the Bamboo
Montessori Tuition and Fees Policy as stated below:

- Tuition fees are non-refundable and will not be pro-rated as it reflects and includes child sickness, school closures such as holidays, vacation weeks, teacher planning days, parent teacher conferences that are predetermined previously in the Bamboo Montessori Calendar. It also includes “acts of God” situations and therefore no tuition change. Bamboo Montessori will make reasonable efforts to open its doors in different circumstances such as increment weather condition but will never compromise the safety of the whole community (students, families and staff).
- Tuition is due and required every first of the month. If tuition fee including any late fees are not received on the 5th of that specific month, the child will not be readmitted to the program. Prices are subject to change. In Bamboo Montessori will try our best to keep the price of the tuition the same, but we reserve the right to increase it.
- Summer Program runs for six weeks that starts from the first Monday after July 4th. Summer registration fee of \$100 dls follow by two equal payments of \$690 dls, first payment on the first week of summer and second payment to be made on the fourth week of summer. Due the high demand of our program it is required that families continue in our summer camp program to ensure a space for September. Bamboo

Montessori is a year round program, which includes summer. We do not offer summer off option.

- Disenrollment in the program requires a 30 day notice together with the written notice.
- Annual registration fee of \$250 dls will be required every February as well as the annual snack fee with the Sept tuition.
- A late fee of \$1.00 per minute will be charged for late pick-up. We expect families to be prompt as a show of respect their child and to our teachers as well. Late fees are charged to your Tuition. Continual irresponsibility to pick up your child on time will result in termination of your school agreement.
- Bamboo Montessori expectation is that families enroll with the intention of committing to complete the school year. As is necessary and critical for the classroom environment and dynamic to remain consistent, it is our hope that families will not change of school mid-year unless there are unusual circumstances beyond the family's control.
- Bamboo Montessori reserves the right to deny, cancel, and nullify the contract in its sole discretion when such decision is deemed to be for the best interest of the child and the whole Bamboo Montessori community. In such event, any unused tuition will be refunded.

Name and Signature of both parents/legal guardians required:

Name: _____ Date: _____

Signature

Name: _____ Date: _____

Signature