

For Office Use Only: Classroom Assignment \_\_\_\_\_ Transition Date \_\_\_\_\_  
Start Date \_\_\_\_\_

## 2018-2019 Bridges Montessori Registration and Enrollment Agreement

### Student Information

Name \_\_\_\_\_  
First Middle Last Preferred  
Birth Date \_\_\_\_\_ Age \_\_\_\_\_  Male  Female Grade Entering \_\_\_\_\_



### Parent/Guardian Information

Name \_\_\_\_\_  Name \_\_\_\_\_  
 Relationship \_\_\_\_\_  Relationship \_\_\_\_\_  
 E-Mail \_\_\_\_\_  E-Mail \_\_\_\_\_  
 Phone \_\_\_\_\_  Phone \_\_\_\_\_  
 Others in Family Relationship \_\_\_\_\_

### Family Additional Information

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Job Title \_\_\_\_\_ Job Title \_\_\_\_\_  
Name of Firm \_\_\_\_\_ Name of Firm \_\_\_\_\_

Please designate a primary mailing address for correspondence regarding this student:

Mother  Father  Other \_\_\_\_\_

Are parents separated? Yes  No  If yes, who has legal custody? \_\_\_\_\_  
If yes, with whom does the student live? \_\_\_\_\_

### Applicant Siblings:

Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_  
Name \_\_\_\_\_ Age \_\_\_\_\_ School Attending \_\_\_\_\_

### Medical Alert

Nature of Condition/Allergies \_\_\_\_\_  
Course of Emergency Action \_\_\_\_\_  
Special Instructions \_\_\_\_\_

### Classroom Placement:

Infant:  Full Day  Extended Day  
Toddler:  3-Half Day  M-W  W-F  5-Half Day  Full Day Extended Day:  AM  PM  AM/PM  
Pre-Primary:  Half Day  Full Day Extended Day:  AM  PM  AM/PM  
Elementary:  Full Day Extended Day:  AM  PM  AM/PM

### Tuition Payment Plans:

Payment in Full  10 Month Plan  12 Month Plan

### Access

I will have access to the school without notice when my child is present. However, this access may not be used to supplement any visitation schedule or custody arrangement.

### Child Release

For a child's safety, Bright Horizons/Bridges Montessori will release a child only to parent(s)/legal guardian(s) or to the third parties authorized on the Child Care Application for Enrollment. Parents/guardians are required to provide a current copy of any relevant Custody Order. Third party pick-up is subject to the following rules:

- At least two people other than the parents/guardians must be listed and designated as Emergency Contacts. Emergency contacts will be contacted if parents/guardians cannot be reached.
- If the person picking up is listed, but does not pick up the child regularly, I will notify the school verbally, in advance. Verbal authorization is not permitted for any person not listed on the Child Care Application for Enrollment.
- If the person picking up is NOT listed, I must notify the school in writing, in advance.

- Photo identification will be required if the third party does not pick up the child regularly or is unknown to the staff member releasing the child.

Bright Horizons/Bridges Montessori will not release a child to anyone who appears impaired. If an impaired person attempts to pick up your child, pick-up will be refused and we will attempt to contact the other parent/guardian or authorized persons. If alternative arrangements cannot be made, the local child protective services agency and/or the local police will be called, as required by state licensing.

### **Enrollment Terms**

I(We), the undersigned, in consideration of the placement of my child by Bridges Montessori for the 2018-2019 school year, jointly and individually, agree to the terms and conditions specified in this agreement, including the payment of applicable tuition and fees.

I (We) understand Bridges Montessori will hold a place for my child in the appropriate program, as determined by the Head of School, pending the receipt of this agreement signed by me (us) along with a 10% deposit of the annual tuition and a one-time enrollment fee of \$500 (\$1,000 for the Infant Program). The enrollment fee of \$500 (\$1,000 for the Infant Program) is only applicable if the student is a new enrollee to the school. I (We) understand this deposit and enrollment fee are **non-refundable** and not transferable to siblings, camp tuition or other financial obligations to Bridges Montessori.

I (We) understand that tuition payments will be drafted through Bright Horizons online payment system on the 1<sup>st</sup> of every month. A 5% late charge will be assessed on all outstanding balances as of the 5<sup>th</sup> of the month, a 10% late charge on all outstanding balances as of the 10<sup>th</sup> of the month and a 15% late charge on all outstanding balances as of the 15<sup>th</sup> of the month. A service fee of \$25 will be assessed on all checks returned for insufficient funds.

Parental participation is a requirement at Bridges Montessori. Research has shown a correlation between a parent's participation at school and a child's enhanced academic performance. Each family is expected to participate in a minimum of 15 hours per school year.

I (We) agree to supply a nutritionally balanced lunch and beverage for my/our child each day and a snack consistent with my (our) child's classroom snack schedule.

I (We) understand that Bridges Montessori, its parent, and affiliates have annual financial obligations, and that by signing below I (we) agree to be obligated for tuition for the full school year. If my (our) child withdraws from the program for any reason or is dismissed from the program for cause, I (we) shall continue to be responsible for tuition for the full school year.

Bridges Montessori reserves the right, at any time, to suspend, require the withdrawal or dismiss a student if it determines, in its sole discretion that continued attendance is not in the best interest of the student, any fellow students, or the school.

### **Photography and Video Permission**

Bright Horizons/Bridges Montessori takes care that any use, display, or dissemination of photographs or videos of children is accomplished in a thoughtful and safe manner. Bright Horizons/Bridges Montessori regularly takes photographs and videos of children enrolled. For example, these materials may be used to better communicate with families and to illustrate the Montessori curriculum, to chronicle a child's development, or to document school activities. These photos may be shared with you and other families on a secure Bright Horizons' website, by e-mail, posted at school, or in a newsletter. Additionally, they may be used for other center/school, general business, and marketing purposes, including online. Bright Horizons retains all rights, title, and interest in these materials and may use and disseminate them in a variety of ways, in its sole judgment.

\_\_\_\_I give permission for Bright Horizons/Bridges Montessori to take photographs and videos of my child and use these materials as described above.

### **Child Illness**

If my child becomes ill, I will be called. I may be required to pick up my child as soon as possible (within 90 minutes at most). A child must remain out of the school until he/she is symptom free for 24 hours, unless a doctor's note is provided which states that the child is 1) not contagious; and 2) can participate in group care.

In the case of a (suspected) contagious disease, rash, or continuing symptoms, a note from the child's medical provider may be required before returning.

**Student Injuries**

If my child sustains a minor injury during care, I will receive an Occurrence Report when I pick-up describing the incident. I will be contacted immediately if the injury produces any swelling, is on the face or head, or requires medical attention.

**Emergency Medical Care**

If emergency medical attention is needed for my child, \_\_\_\_\_, the school will attempt to contact me or the emergency contacts listed on the Child Care Application for Enrollment (if I cannot be reached). I authorize Bright Horizons/Bridges to call an ambulance to transport my child for medical treatment to the closest hospital or medical facility, or to \_\_\_\_\_my preferred facility, if possible.

Staff is trained in pediatric first aid and CPR and I authorize staff to administer the same. My child's health information may be viewed by staff, on a need to know basis, and state licensors for compliance.

\_\_\_\_\_  
Child's Health Insurance Provider

\_\_\_\_\_  
Name of Insured

\_\_\_\_\_  
Policy Number

***I have read, understand, and accept the conditions noted above.***

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

Accepted:

\_\_\_\_\_  
Bridges Montessori  
Head of School

\_\_\_\_\_  
Date