

For Office Use Only: Classroom Assignment _____ Transition Date _____
Start Date _____

2021-2022 Bridges Montessori Registration and Enrollment Agreement



Student Information

Name _____
First Middle Last Preferred

Place of Birth _____ Date of Birth _____ Age _____ Gender _____

Primary Language _____ 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 _____

Company Name _____ Company Name _____

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 _____

Identifying Marks _____

Course of Emergency Action _____

Special Instructions _____

Classroom Placement

Infant: Full Day Extended Day Time drop off _____ Time pick up _____

Toddler: 3-Half Day M-W W-F 5-Half Day Full Day Extended Day: AM PM AM/PM

Primary: Half Day Full Day Extended Day: AM PM AM/PM

Elementary/Middle School: Full Day Extended Day (if available): AM PM AM/PM

Tuition Payment Plans

Payment in Full 10 Month Plan 12 Month Plan (not available after June 13, 2021)

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 on the Child Care Application for Enrollment, 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 2021-2022 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. The enrollment fee of \$500 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 1st of every month. A 5% late charge will be assessed on all outstanding balances as of the 5th of the month, a 10% late charge on all outstanding balances as of the 10th of the month and a 15% late charge on all outstanding balances as of the 15th 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. Bridges Montessori in its sole discretion may end its relationship with any parent/guardian or family who refuses to abide by school policies, is physically or verbally abusive or interacts with others in an inappropriate way, or who is disruptive to our orderly operations.

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, via e-mail, posted at school, or in a parent 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.

____ I give permission for Bright Horizons/Bridges to take photos and videos of my child to only use those pictures for curriculum purposes, documenting my child's progress and communicating with me and other families.

Medical Policies

If my child becomes ill, I will be notified and must pick up my child as soon as possible (within 90 minutes). 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.

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

Family Agreement

By signing below, I acknowledge and agree that: 1) in addition to this Registration and Enrollment Agreement, as well as any school-specific information and relevant state policies; 2) it is my responsibility to read and familiarize myself with all these materials and address any questions with school administration; and 3) I will abide by these materials.

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

