

## Compass Montessori Student Registration Checklist 2018-2019

Child's Name: \_\_\_\_\_

### Items to be printed out, filled out, and turned in at registration

\_\_\_\_\_ Attend Registration with completed paperwork on **May 30th** between 9am & 7pm

\_\_\_\_\_ Jeffco connect Summary Page- with initial

\_\_\_\_\_ \*Children's House Tuition Agreement

\_\_\_\_\_ Fee Schedule

\_\_\_\_\_ Internet Agreement

\_\_\_\_\_ \*Emergency Contact Form

\_\_\_\_\_ Before and After Care Agreement

\_\_\_\_\_ Review the School Calendar

\_\_\_\_\_ Updated Immunizations form

\_\_\_\_\_ \*Nap Waiver

\_\_\_\_\_ \*Sunscreen Permission form - Please fill out if using Before Care and After Care

\_\_\_\_\_ \*General Health Appraisal Form

\_\_\_\_\_ \*Material Consent Form

\_\_\_\_\_ PTSA Membership

\_\_\_\_\_ Family Economic Data Form (Free and Reduce) Available in August

### \* **Preschool and Kindergarten only**

#### **New Families**

\_\_\_\_\_ Birth Certificate

\_\_\_\_\_ Copy of Immunizations

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



## Children's House Tuition Agreement 2018/2019

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

**Please indicate the program you desire and the payment plan preferred:**

\_\_\_ Full Day Primary (1st year or 2nd year)

\$850.00 monthly, paid August-April\*

\$8,500.00 annually, paid upon enrollment

\_\_\_ Full Day Kindergarten (3rd year)

\$450 monthly, paid August-April\*

\$4,500.00 annually, paid upon enrollment

\_\_\_ AM Half Day Kindergarten Program (8:00am - 11:30am) - No Charge

\_\_\_ PM Half Day Kindergarten Program (11:45am - 3:15pm) - No Charge

\*Payment equivalent to one month tuition will reserve a space for this student. This deposit will be applied to your final payment, May 2019.

**Tuition Policy:**

Tuition is based on a 10-month school year. **Tuition is due on the 1st of every month starting with August 2018 and ending with April 2019 (this includes the tuition deposit applied to May of 2019).**

Tuition is late if received after the 10th of the month and a \$20.00 late fee will be assessed. A bill will not be mailed out for tuition unless your payment is overdue. If a receipt is needed for your records, the office will be happy to provide you one. Children not picked up within the 15 minute pick up window will be placed in Aftercare services and payment is expected upon pickup. Aftercare late charges will be applied at \$1.00 per minute after 5:45pm.

As legal custodial parent(s)/guardian(s) we(I) have read and understand the above terms and by signing below agree to the conditions herein.

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

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

# Compass Montessori School – Wheat Ridge

## 2018-2019 Fee Schedule

Hello Compass Montessori Families -

Below you will find our Fee Schedule for the 2018-19 school year.

Fees are an essential ingredient in the success of our unique Montessori program.

This money is used to purchase all the necessary educational materials and consumables used in your child's classroom, which will be directly deposited into your classroom budget.

### Children's House (Preschool and Kindergarten)

\$100.00 \_\_\_\_\_ Material Fees

\$75.00 \_\_\_\_\_ Consumable Fee

\$100.00 \_\_\_\_\_ Music Together Semester 1

\$100.00 \_\_\_\_\_ Music Together Semester 2 (Due January 2019)

### Elementary (1st grade thru 6th grade)

\$100.00 \_\_\_\_\_ Material Fee

\$75.00 \_\_\_\_\_ Consumable Fee

***\*Pay fees in full by October 1, 2018 and get a 10% discount (this does not apply to Children's House tuition)***

If you have further questions regarding fees and would like more details, please contact Cameron Gehlen, our school principal at (303) 420-8288.

We thank you in advance for your support!



**STUDENT USE OF THE INTERNET**

**JS-E1 - Exhibit for District Policy JS**

Adopted: June 26, 1997

Revised: May 3, 2010

In order to provide for the appropriate use of the Internet in accordance with district policy JS, "Student Use of the Internet", and other applicable district policies, the following "Acceptable Use Agreement" has been developed. A copy of this agreement will be distributed to students and must be completed and signed by the student and the student's parent/legal guardian before a student is allowed to access district computing resources.

**Acceptable Use Agreement for Students**

All computers having Internet access must be used in a responsible, efficient, ethical and legal manner. Failure to adhere to district policy JS, "Student Use of the Internet," will result in revocation of access privileges; restitution for costs associated with damages; and, may result in disciplinary action as indicated the paragraphs below, and/or legal action.

I have read and understand district policy JS, "Student Use of the Internet," and agree to abide by its terms. I further understand that violation of district policy JS-E1 Student Use of the Internet or Compass Montessori Policy may result in my loss of Internet access and/or computer use privileges, and school discipline (including suspension or expulsion) being taken against me, legal action being taken against me, and/or restitution by me for costs associated with any damages caused by such violations.

Student's name (PLEASE PRINT) \_\_\_\_\_

Student's signature \_\_\_\_\_ Today's Date \_\_\_\_\_

**Parent or Guardian**

As the parent or legal guardian of the above student, I give my consent to his/her use of school computers to access the Internet for school-related academic purposes while at school under the terms and conditions set forth above. All students regardless of age must have this contract signed by a parent/guardian in order to access the Internet at school.

Parent/guardian name (PLEASE PRINT) \_\_\_\_\_ Today's Date \_\_\_\_\_

Parent/guardian signature \_\_\_\_\_



### Emergency Contact Form

Child's Name \_\_\_\_\_ NickName \_\_\_\_\_ DOB \_\_\_\_\_

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address(if different) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address(if different) \_\_\_\_\_ Email \_\_\_\_\_

Employer \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

#### Emergency Contact Person (Persons to be contacted if Parents/Guardians can't be reached)

(1)Name \_\_\_\_\_ Cell \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

(2)Name \_\_\_\_\_ Cell \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

#### Additional Persons Authorized to Pick Up Child

(1)Name \_\_\_\_\_ Cell \_\_\_\_\_ Alt Phone \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

#### Medical Information

Hospital \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

Dentist \_\_\_\_\_ Phone \_\_\_\_\_ Address \_\_\_\_\_

#### **AUTHORIZATION FOR EMERGENCY MEDICAL CARE AND TRANSPORTATION**

In the event of an emergency I hereby give my permission for Compass Montessori staff to access emergency medical services for my child, including transport to the nearest healthcare facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expence of care and transport. I certify that the information I have provided is true to the best of my knowledge. If any of the information changes I will notify Compass Montessori immediately.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian



**2018-2019 Before and After Care Agreement  
Wheat Ridge Campus**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_

Monthly Before and After Care Fees:

- \$370 - Before and After Care 5 Days/Week
- \$280 - After Care Only (2:45pm - 5:45pm) 5 Days/Week
- \$150 - Before Care Only **includes breakfast** (7:00am-8:00am) 5 Days/Week
- I do not expect to regularly use Before or After Care

Before and After Care Part Time Rates (circle desired program):

	3 Days	4 Days	5 Days
Before Care Only	\$110	\$130	\$150
After Care Only	\$205	\$245	\$280
Before/After Care	\$210	\$290	\$370
Before Care Drop in Fee 7:00-7:45 am Breakfast Included	\$10 <b>includes breakfast</b> (payable on same day of service)		
After Care Drop in Fee <b>(Must be paid in full by 5th of each month to continue service)</b>	\$10 one hour only \$25 over one hour		

Fees are due on the **1st of every month**. Monthly fees are late if received after the 10th of the month, and a \$20 late fee will be assessed. A bill will not be mailed out for before or after care. If you are late on your payments your child(ren) will not be allowed to participate in the before/after care program until your balance is paid in full. Receipts provided upon request. Late fees are applied at \$1.00 per minute per child not picked up by 5:45 pm. Late fees are expected to be paid upon pickup.

As legal custodial parent(s)/guardian(s), we(I) have read and understand the above policies and by signing below agree to all the terms and conditions herein.

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

OFFICE USE ONLY: \$ \_\_\_\_\_ TOTAL AMOUNT RECEIVED \_\_\_\_\_ Check No. \_\_\_ Cash \_\_\_ Credit



# Compass Montessori School

## Nap Waiver

Child's Name \_\_\_\_\_  
(Please print child's full name)

Please select the appropriate response:

- Does your child regularly nap at home?                      Yes              No
- If yes, how long does your child nap? \_\_\_\_\_
- Would you like your child to nap at school?              Yes              No

I, \_\_\_\_\_ give Compass Montessori School  
Permission to waive my child's naptime while at school.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

## Sunscreen Permission Form

Date \_\_\_\_\_

Name of Child \_\_\_\_\_

Name of Sunscreen and the SPF number \_\_\_\_\_

We at Compass Montessori School will assist with applying sunscreen to bare surfaces including the face, tops of ears, bare shoulders, arms, legs, and feet 15-30 minutes before outdoor activities. Sunscreen will not be applied to any broken skin or if a skin reaction is observed. Any skin reaction observed by staff will be reported promptly to the parent/guardian. It is the parent's responsibility to provide sunscreen with a minimum of SPF 15.

### Special Instructions

\_\_\_\_\_ In the event that my child's sunscreen is not readily available, my child may use the sunscreen provided by the school \_\_\_\_\_  
(name of sunscreen and SPF)

\_\_\_\_\_ I do not want my child to use any other sunscreen other than the one he or she brings.

Parent Signature \_\_\_\_\_



# General Health Appraisal Form

**Parent:** *Please complete*

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Allergies:  None  Describe: \_\_\_\_\_

Type of Reaction: \_\_\_\_\_

Diet:  Breast Fed  Formula: \_\_\_\_\_  Age Appropriate

Special Diet: \_\_\_\_\_

Preventive creams/ointments/sunscreen may be applied as requested in writing by parent, unless skin is broken or bleeding.

**Sleep:** Your health care provider recommends all infants less than 1 year of age be placed on their back for sleep.

I, \_\_\_\_\_ give consent for my child's health provider, school or camp personnel to discuss my child's health concerns. My child's health provider may fax this form (and applicable attachments) to my child's childcare provider, school, or camp. FAX Number: 303 420-0139

Parent or Legal Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Authorization expires 365 days after this date

**Health Care Provider:** *Please complete after parent section has been completed*

Date of Last Exam: \_\_\_\_\_ Recent Weight: \_\_\_\_\_ \*\*HCT: \_\_\_\_\_ \*\* B/P: \_\_\_\_\_ \*\*Lead Level: \_\_\_\_\_

Physical Exam:  Normal  Abnormal (*see explanation of significant health concerns:*)

Significant Health Concerns:  None  Reactive Airways Disease  Seizures  Diabetes  Developmental Delays

Vision  Hearing  Hospitalizations  Severe Allergies  Other (*dental, nutrition, behavior, etc.*) \_\_\_\_\_

Explain above concerns (if necessary, include instructions to childcare providers): \_\_\_\_\_

Current Medications/Special Diet:  None  Describe: \_\_\_\_\_

(Separate medication authorization form required for medications given in Child Care)

**Fever reducer or pain reliever (*mark only one product: max. 3 consecutive days without additional medical authorization*)**

Acetaminophen (Tylenol®) may be given for pain or fever over 102° every 4 hours as needed:  
Dose \_\_\_\_\_  See attached Dosage Schedule from our office

OR

Ibuprofen (Motrin®, Advil®) may be given for pain or fever over 102° every 6 hours as needed:  
Dose \_\_\_\_\_  See attached Dosage Schedule from our office

Immunizations:  Up-to-date  See attached immunization record  Administered today: \_\_\_\_\_

**Signature:**

Next Well Visit:  Per AAP Guidelines\* or  Age: \_\_\_\_\_

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider (certifying form was reviewed) \_\_\_\_\_ Date \_\_\_\_\_

**Office Stamp:** *Or write Name, Address, Phone Number*

The Colorado Chapter of the American Academy of Pediatrics (AAP), Healthy Child Care Colorado, and Headstart have approved this form 04/04.

\* The AAP recommends that children from 0-12 years have health appraisal visits at: 2, 4, 6, 9, 12, 15, 18 and 24 months, and age 3, 4, 5, 6, 8, 10 and 12 years.

\*\* Required by Head Start programs only per state EPSDT schedule

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## Materials Consent Form

Parent or Guardian:

As the parent or legal guardian of \_\_\_\_\_, I give consent for him/her to use: Toys, toy parts, furnishings, equipment and materials made of brittle, easily breakable plastic or glass in the Compass Montessori School Children's House environment. As the parent or legal guardian of the above student, I realize that accidents can and do happen and that there are potential safety risks associated with using those materials stated above.

\_\_\_\_\_  
Students Name (PLEASE PRINT)

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Parent's Signature

## Before-care and After-care Health and Emergency Information

Child's name \_\_\_\_\_

Parent's name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Parent Phone Numbers

Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Name \_\_\_\_\_ Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

- In the event of injury or illness the parent will be called to pick up their child within 1 hour
- In the event of a potentially life-threatening emergency the parent and 911 will be called.

Please list any food allergies or sensitivities:

\_\_\_\_\_  
\_\_\_\_\_

Please list any other conditions of which the staff should be aware of:

\_\_\_\_\_  
\_\_\_\_\_

- I hereby request and give my permission to the Before and After-care staff of Compass Montessori School-Golden to administer medication to the child identified above. I understand that it is my responsibility to provide this medication in the original container that lists a dosage appropriate for my child.
- I release and waive any and all claims, which I now have or may hereafter have against Compass Montessori School and its employees arising out of the administration of or failure to administer the medication to the student or any adverse reaction by the student to the medication.
- In addition, in the event of a medical emergency, my child will be transported by ambulance to the nearest hospital. I will be responsible for any costs associated with emergency transportation and medical care for my child.

\_\_\_\_\_ does **NOT** require medication in aftercare.

Child's name

\_\_\_\_\_ Date \_\_\_\_\_

**\*REQUIRED SIGNATURE OF PARENT OR LEGAL GUARDIAN**