

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

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 includes breakfast (payable on same day of service)		
After Care Drop in Fee (Must be paid in full by 5th of each month to continue service)	\$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

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

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-Wheat Ridge 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**