



ENROLLMENT FORM

CHILD'S NAME: _____
FIRST MIDDLE LAST

NICKNAME: _____ AGE: _____ D.O.B. _____
name he/she prefers to be called

YEAR OF SCHOOL(circle one) 1 2 3 PREVIOUS SCHOOL: _____

PARENT 1 NAME: _____ PHONE: _____
(or legal guardian)

PARENT 1 EMAIL: _____

OCCUPATION: _____ WORK PH: _____

PARENT 2 NAME: _____ PHONE: _____
(or legal guardian)

PARENT 2 EMAIL: _____

OCCUPATION: _____ WORK PH: _____

PRIMARY ADDRESS FOR CHILD: _____
Street

_____ City State Zipcode

Parents live in the same house? Y N

PRIMARY EMAIL ADDRESS FOR INVOICES: _____

ALLERGIES OR SPECIAL DIETARY NEEDS: _____

PLEASE LIST 3 EMERGENCY CONTACTS:

**ALLOWED TO PICK
UP CHILD FROM
SCHOOL:
YES NO**

1. _____
Name Phone Relationship to child

2. _____
Name Phone Relationship to child

3. _____
Name Phone Relationship to child

LIST ANY ADDITIONAL PEOPLE ALLOWED TO PICK UP CHILD FROM SCHOOL:

1. _____
Name Phone Relationship to child

2. _____
Name Phone Relationship to child

3. _____
Name Phone Relationship to child

4. _____
Name Phone Relationship to child

5. _____
Name Phone Relationship to child

6. _____
Name Phone Relationship to child

Getting to know your little one

Please help us get to know your child better by filling in the following information.

1. Areas of strength:
2. Areas for growth:
3. Interaction with peers and siblings:
4. Goals for this experience:
5. Separation concerns:
6. Please explain your philosophy for discipline at home:
7. List any known allergies:
8. Additional information you would like to share:

Additional Medical Information

Child's name _____

Doctor _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Do we have permission to contact your doctor or dentist in an emergency?

Yes _____ No _____

Please list all medical conditions so that LMSM can best serve your child daily and in the event of a medical emergency. Include all dietary restrictions, medical conditions, medications, allergies and illnesses.

In consideration of the acceptance of my child as a student in LMSM the undersigned agrees to indemnify LMSM directors and employees against any claims and demands made by or on behalf of:

Signature of Parent or Guardian

Date

Little Monk Seal (LMS) Tuition Policy
2022/2023 Academic Year

Please read and initial each:

Initial Payment

_____ A non-refundable initial payment of \$400 is required to secure a spot at LMS.

_____ Monthly tuition of \$1,200 for your student will be due on the first of every month.

Late Fee

_____ A late fee of \$100 will be assessed if tuition is received after the 5th of each month. Failure to pay tuition by the 10th of each month will necessitate withdrawing your child from the school. If your child is required to withdraw from the program and wishes to return at a future date, you must reapply, with a new initial payment, and may be placed on the waitlist.

Parent Investment

_____ As a condition of enrollment, Parents will be required to meet a minimum level of service to ensure the health, safety and learning environment at LMS. Failure to meet the minimum requirements and/or neglect of investment will necessitate withdrawing your child from school. Areas for investment include

- Health and Safety (required for all parents)
- Substitute Teaching
- Student Instruction (Science, Music, Health, Geography, etc...)
- Handy/heavy work for the school including dump runs, repairs, help with facility maintenance. If a parent is unable to meet the minimum service requirement a fee of \$200 will be assessed.

Student Withdrawal from LMS

_____ The LMS school year runs from the beginning of August to the end of May. We expect children to attend LMS for the entire year. If for any reason your child is withdrawn from the program prior to the last day of the school year, any tuition paid in and the initial deposit will be forfeited.

LMSM Parent Handbook Agreement

I, _____ have read and understand the policies, rules, and procedures of the LMSM Parent Handbook and will follow all of the guidelines while attending this school.

Signed _____ Date _____

Signed _____ Date _____

Media Release

I, _____, allow my child's photo to be released on the internet for LMSM purposes only. This can involve Instagram, Facebook, LMSM webpage, etc.

Child's name _____ is authorized by

Parent/Guardian Signature

Date

If you do not wish to have your child on the internet, may we still use pictures of your child in our Friday Newsletter, which only goes out to other parents in the class.

Yes _____ No _____

LMSM Excursion Release Form

I (Parent/guardian) _____ give my permission to allow my child _____, to attend the excursions planned by LMSM. They are allowed to ride the bus contracted by the school to and from the destination.

Signing this form also gives consent to allow LMSM staff to make any medical decisions, 911 calls, administer first aid, or emergency procedures necessary if an emergency were to arise. LMSM is able to release any medical, confidential, and important information about my child to the proper individuals in case of an emergency.

Signature

Date

Covid-19 Health Policy

I, _____, am aware of the risk Covid-19 presents if I choose to send my child to Little Monk Seal Montessori for preschool and kindergarten. Little Monk Seal Montessori is taking all mandated and recommended precautions concerning Covid-19. By signing below I release Little Monk Seal Montessori from all responsibility should my child contract Covid-19 or any other illness while attending this school.

Parent Signature

Date