



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. _____ YES NO
Name Phone Relationship to child

3. _____ YES NO
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 Montessori Consent for Medical and/or Emergency Treatment

I, _____, hereby voluntarily consent to the rendering of care, and medical treatment by the staff of Little Monk Seal Montessori as may, in their professional judgment, be necessary to provide for the medical or emergency care of my child _____.

Child's Full Name

I further give my consent to Little Monk Seal Montessori staff who will be caring for my child for the period _____ through _____,

Child's Start Date

Child's End Date

to arrange for routine or emergency medical and/or dental care and treatment necessary to preserve the health of my child. I also allow them to release any health or medical or important information about my child to any other emergency responder, doctor, nurse, caregiver, etc. In the event that my child is injured or ill while under the care of the Little Monk Seal, I hereby give my permission to the caregiver to provide first aid for the child and to take the appropriate measures, including contacting the Emergency Medical Service (EMS) system and arranging for the transportation to the nearest emergency facility.

In making medical decisions on my behalf for the benefit of my dependent, I direct that the caregiver attempts to contact me. However, if medical care becomes essential, I give permission to the caregiver (Little Monk Seal Montessori) to make such decisions regarding such treatment as deemed appropriate by the medical doctor, hospital, or their authorized designee. In furtherance of any treatment decisions to be made by the caregiver on behalf for the benefit of my dependent, I authorize the caregiver to request, obtain, review and inspect any and all information bearing upon my child's health and relevant to any such decisions to be made respecting such treatment.

I acknowledge that no guarantees can be made to me as to the effect of such examinations or treatment on the condition of my dependent and that I am responsible for all reasonable charges in the connection with the care and treatment rendered to my dependent during this period.

Signature of legal guardian

Date

Little Monk Seal Montessori (LMSM) Tuition Policy

Please read and initial each:

Initial Payment

_____ A non-refundable initial payment of \$418 is required to secure a spot at LMS.

_____ Monthly tuition invoices for \$1,256 will be emailed on the first of every month. This price includes the state of Hawaii General Excise Tax. Payment is due no later than the 5th.

_____ 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 and Involvement

_____ As a condition of enrollment, parents will be required to meet a minimum level of service. There are a variety of volunteer opportunities and community outreach activities throughout the school year. Areas for investment include, but are not limited to

- Health and Safety (required for all parents)
- Helping with fundraisers
- Beach Clean Up
- Handy/heavy work for the school including dump runs, repairs, help with facility maintenance.

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 will be forfeited. At least 1 month's notice is required. It will be the parent's responsibility to pay the following month's tuition if 1 month's notice is not given.

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