

# My Iman Montessori

FEES & POLICIES EFFECTIVE as of August 2011 PAYMENTS ARE DUE AT THE BEGINNING OF EACH MONTH	
Classroom	Monthly Tuition (Aug – May)
Preschool Half Day	\$230.00
Full Day Preschool – 2 <sup>nd</sup> Grade	\$330.00

## **Registration & Materials Fee:**

- \* \$230.00 for five days a week, half day, during the School year.
- \* \$330.00 for five days a week, full day, during the School year.
- \* Registration & Materials Fee guarantees a spot for up to one month.
- \* REGISTRATION & MATERIALS FEE ARE NON-REFUNDABLE REGARDLESS OF ATTENDANCE

## **Late Payment Fee:**

- \* \$ 5.00 for the first week & 10.00 per week after the first week.
- \* **NOTE:** Any family whose account is 2 weeks past due will not be allowed to bring their child to the center until the account is paid in full.

## **Late Pickup Fee:**

- \* \$ 5.00 for first 10 minutes and \$ 5.00 for every 5 minutes after that.

## **ADDITIONAL POLICIES:**

- \* All preschool children must be potty trained before their enrollment date.
- \* In order to keep your child's position available; your regular tuition is due regardless if your child is in attendance.
- \* Refusal to pay the monthly fee that is due or refusal to pay on time will result in expulsion of your child from the program. Parents/Guardians who refuse to pay for past service provided will be taken to small claims court or turned in to collections.
- \* All payments are to be made by check or money order.
- \* No cash payments without prior arrangements.
- \* There will be a \$30.00 Non-Sufficient Funds(NSF) / Cancellation fee for each returned or canceled check.
- \* Any payments 30 days past due will be assessed finance charges of 1 ½% per month plus any collections fees incurred by the center.
- \* **Permanently Removing Your Child From My Iman Montessori**  
If you choose to remove your child from My Iman Montessori you will be required to provide a 2 weeks written notice.

# My Iman Montessori Center

## Information Sheet & Enrollment Form

Please help us get to know your child better. We can understand and communicate with your child more effectively if we know his/her likes and dislikes, special interests, and favorite activities. \* indicates required information.

*Some of the information which you supply on this form is not required for admission to My Iman Montessori and its purpose is to help the staff get to know your child better so that they can better care for him/her. If there is any information (not indicated as required) you are not comfortable in answering please leave it blank. Note: Please bring an extra change of clothes to be left at My Iman until the end of the school year.*

Child's Name\*: \_\_\_\_\_ Birth Date\*: \_\_\_\_\_ Sex\*: \_\_\_\_\_

Address\*: \_\_\_\_\_

Zip Code\*: \_\_\_\_\_ City\*: \_\_\_\_\_ State\*: \_\_\_\_\_

Phone Number\*: \_\_\_\_\_

If your child does not use his/her legal name, please list the name he/she will be using: \_\_\_\_\_

I understand that I am enrolling my child in the Preschool or Kindergarten program and request the following:  
(Choose an Option)

\_\_\_\_\_ Mon-Fri 9:00am-11:30am

\_\_\_\_\_ Mon-Fri 9:00am-3:00pm\*

\*All Elementary Students must be enrolled full day.

### Family History:

Father's Name\* \_\_\_\_\_ Work Number\*: \_\_\_\_\_

Mother's Name\* \_\_\_\_\_ Work Number\*: \_\_\_\_\_

Marital Status of Parents\*: Married: \_\_\_\_\_ Divorced: \_\_\_\_\_ Separated: \_\_\_\_\_

Single: \_\_\_\_\_ Deceased: \_\_\_\_\_

Other children in the home (name and birth date):

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

### Physical:

Does your child have any unusual eating problems, food allergies, or food dislikes? (Explain)

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

What is your child's usual bedtime? \_\_\_\_\_

Waking time? \_\_\_\_\_

What is your child's attitude toward going to bed and taking a nap? \_\_\_\_\_

**Urination**

**Bowel Movements**

How does he/she state need? \_\_\_\_\_  
How dependable is he/she? \_\_\_\_\_

**Favorites:**

Food: \_\_\_\_\_ Toy: \_\_\_\_\_

Game: \_\_\_\_\_ Activity: \_\_\_\_\_

Our family enjoys doing \_\_\_\_\_ together.

My Child dislikes: \_\_\_\_\_

When upset my child responds best to \_\_\_\_\_

When my child wants attention he/she will: \_\_\_\_\_

My Child Fears: \_\_\_\_\_

**Child Care Experiences:**

Has your child ever been in a child care or preschool before? \_\_\_\_\_ Home day care? \_\_\_\_\_

Is there any information that you would like the staff to be aware of? \_\_\_\_\_

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**The registration and materials fee outlined on the Fee Sheet must accompany the admission forms.  
\*\*Registration fees and forms will only be held for 30 days in advance of enrollment, unless otherwise  
arranged with the director. Registration & Materials fee is non-refundable regardless of attendance.**

By enrolling my child at My Iman Montessori, I (We) agree to all fees and policies therein.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# My Iman Montessori Center

## PARENTAL EMERGENCY MEDICAL CONSENT

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

In the event that my child (listed above) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to **medical and/or surgical treatment** to the \_\_\_\_\_ Hospital with \_\_\_\_\_ Doctor or his/her designee to provide this care. In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached, I hereby give my consent for **dental and/or dental surgical care** to \_\_\_\_\_ Hospital with \_\_\_\_\_ Doctor or his/her designee to provide this care. I agree to pay the entire costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. COMMENT: *Every effort will be made to notify parents/guardians immediately in case of emergency.* This form will be presented upon admission for treatment.

### **1. Parents/Guardians With Whom The Child Resides:**

Name _____	Relationship to Child _____
Address _____	Home Phone _____
Employer _____	Department _____
Work Phone _____	Hours _____
	Social Security Number _____

Name _____	Relationship to Child _____
Address _____	Home Phone _____
Employer _____	Department _____
Work Phone _____	Hours _____
	Social Security Number _____

### **2. Emergency Contact Persons (any person who would meet the child at the hospital in case of emergency)**

Name _____	Relationship to Child _____
Home Phone _____	Work Phone _____

Name _____	Relationship to Child _____
Home Phone _____	Work Phone _____

### **3. Child's Information: *PHYSICIAN AND DENTIST INFORMATION IS REQUIRED TO BE COMPLETED IN FULL***

Child's Physician _____	Phone # _____	Address _____	City _____
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Child or Family Dentist _____	Phone # _____	Address _____	City _____
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Date of Last Tetanus _____	Known Allergies _____
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Insurance Company _____	Policy Holder's ID _____
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**This form is provided so that My Iman Montessori may obtain medical care in case of an emergency.**

If a child is injured in such a way as to require emergency care, 911 will be called first, then the parents. A staff member will go with the child and meet the parents or emergency contact person at the hospital. If a child is injured and in need of medical attention and parent cannot be contacted, 911 will be called and the child will be escorted by a staff member via ambulatory service. Staff will make several attempts to contact parents at every number available for either parent.

**This consent will be in effect for one year beginning (date) \_\_\_\_\_ and continue while the child is enrolled in this facility.**

Parent/Guardian Signature _____	Date _____	Parent/Guardian Signature _____	Date _____
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Parent/Guardian Signature _____	Date _____	Parent/Guardian Signature _____	Date _____
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# My Iman Montessori Center

## Medical Statement For Admission To Preschool and Kindergarten

I hereby give my permission for the attending physician to give to the authorized representatives of My Iman Montessori Center, any medical information that would be helpful to my child.

**Parent Signature:** \_\_\_\_\_

**Name of Child:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_

### Medical History (To Be Completed By The Parent)

1. Previous hospitalization? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes please describe \_\_\_\_\_
2. Is your child allergic to anything? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please List: \_\_\_\_\_
3. Any previous Illness? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Any Operations? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please List \_\_\_\_\_
5. Any physical handicaps? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is your child under a doctor's care presently? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, Please describe \_\_\_\_\_
7. Any history of convulsions? \_\_\_\_\_
8. Any history of diabetes-child or in the family? \_\_\_\_\_
9. Any history of heart trouble? Yes \_\_\_\_\_ No \_\_\_\_\_
10. If you would like to expand on any of the above questions please do so here:  
\_\_\_\_\_

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### Physical Examination (To Be Completed By The Physician)

Temp. \_\_\_\_\_ Pulse \_\_\_\_\_ Resp. \_\_\_\_\_ Wt. \_\_\_\_\_ Ht. \_\_\_\_\_  
Heart \_\_\_\_\_ Chest \_\_\_\_\_ Throat \_\_\_\_\_ Neck \_\_\_\_\_ Abdomen \_\_\_\_\_  
GU \_\_\_\_\_ Ext \_\_\_\_\_ Teeth \_\_\_\_\_ Ears \_\_\_\_\_  
Skin \_\_\_\_\_ Head \_\_\_\_\_ Eyes \_\_\_\_\_ Neurological System \_\_\_\_\_

Should any activities be limited? \_\_\_\_\_

Recommendations: \_\_\_\_\_

The above name child has been given a routine medical examination and has been found free of infectious or contagious diseases.

\_\_\_\_\_  
Physician's Signature

\_\_\_\_\_  
Date

# My Iman Montessori Center

## Pick up Authorization Form

The following list of people are authorized to pick up \_\_\_\_\_ from My Iman Montessori.

1. Father's Name: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_
  
2. Mother's Name: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_
  
3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_
  
4. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_
  
5. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_
  
6. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_
  
7. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_
  
8. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Home: \_\_\_\_\_ Work: \_\_\_\_\_

My Iman Montessori cannot deny a biological parent access to their child unless we have a current court order on file stating otherwise.

The following people are not allowed to pick up \_\_\_\_\_ from My Iman Montessori due to a court order. If there are any individuals listed in this area My Iman Montessori must have current court orders on file.

- 1. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 3. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_
- 4. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

My Iman Montessori has child emergency policies in place, if you would like to read them please inquire at the office.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# My Iman Montessori Center

## Travel & Activity Authorization

**I Do / I Do Not** (circle one) give permission for my child \_\_\_\_\_ to leave My Iman Montessori for field trips in a car, van, public transportation, or via foot to special places for field trips, walks to parks, shopping trips, etc. I understand that I will be notified before each activity and that my child will be under the supervision of the program staff. I hereby release My Iman Montessori, its owners, employees, volunteers, and agents from all liability arising from transportation to and from the field trip site and the activities of the field trip. I can withdraw this authorization for individual field trips at any time prior to the departure of the field trip by notifying the Director in writing.

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

\_\_\_\_\_  
Date

## Picture Release

**I Do / I Do Not** (circle one) give my consent to let my child's image be used in print media, internet website, or any other type of advertising materials for the purpose of promoting My Iman Montessori.

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

\_\_\_\_\_  
Date

## Discipline and Dismissal & Illness Policies Acknowledgement

I hereby acknowledge that I have been given copies of the Discipline Policy, Dismissal Policy, and the Illness Policy and that I understand and accept their guidelines and terms.

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

\_\_\_\_\_  
Date

# My Iman Montessori Center

## Illness Policies

Parents or other authorized persons on the child's emergency cards will be called when the child has a sign or symptom that requires either a diagnosis, or an exclusion from daycare. Examples:

1. When the child is obviously uncomfortable, and unable to participate in regular daycare activities.
2. If the child needs more individualized attention than the current ratio.
3. If the child has any of the following conditions:

### FEVER

A child with a temperature of 100 degrees F or greater, taken with a thermometer under the arm, will be sent home. He/ She may return when the fever is less than 100 degrees F, for 24 hours without the use of Tylenol or fever reducing medications.

### STREP THROAT

A child with a fever and/or strep throat will be excluded from day care. The child may return after 24 hours of an antibiotic, and 24 hours fever free without the use of Tylenol, or other fever reducing medications.

### DIARRHEA

A child having 2 - 3 or more watery, large bowel movements will be sent home. The child may return when the condition improves, and the child is tolerating bland foods.

### VOMITING

If a child is showing signs of not feeling like their regular normal self, and has vomited 1 - 2 times, the child will be sent home. The child may return if there is no more vomiting, and have regained much of their regular activity level. The child must be able to tolerate bland foods as well.

### CHICKEN POX

A child will be sent home when suspicious dots begin to appear on the child's torso, and begin to spread to the rest of the body. The child may return, when all of the chicken pox lesions have dried and crusted. Parents will be notified in the classroom, when a case of chicken pox has been detected.

### RSV

If a child is diagnosed with the RSV virus, they will be excluded from day care for one week after the diagnosis. **NO EXCEPTIONS WILL BE MADE!**

### IMPETIGO

A child with impetigo lesions will be sent home for diagnosis. This is a highly contagious skin infection. The child may return after a diagnosis has been made, and the child has been on antibiotic treatment for at least 24 hours.

## MOUTH SORES

A child who has mouth sores, and is drooling, will be sent home. The child may return when the sores are scabbed and healed.

## EYE INFECTION

Parents will be notified if the child has signs or symptoms of conjunctivitis. The child will be required to get a diagnosis from a doctor. The child may return after 24 hours of antibiotic use.

## EAR INFECTION

When the child is acting ill, and is showing signs of an aching ear, parents will be notified, so that they may take the child to see their doctor. The child may return, after the beginning of antibiotic treatment has begun, and if cleared by the physician. The child must also be fever free without the use of Tylenol or other fever reducing medications for 24 hours.

## SCABIES

Parents will be notified if a child has scabies. The child will be sent home, and may return 24 hours after treatment.

## HEAD LICE

A child detected with head lice will be sent home. The child may return when the hair has been properly treated, and the nits have totally been removed.

## RINGWORM

If a child is showing signs of ringworm, the child will be sent home, and asked to see their doctor. The child may return after initiation of medication, or clearance from the doctor.

## PIN WORMS

A child will be sent home with pin worms. The child may return 24 hours after treatment.

\*\* Children with other illnesses or conditions that require treatment from a physician , will be readmitted after the doctor's OK.

- Our illness policies are based on health and safety guidelines from the American Public Health Association and the American Academy of Pediatrics.
- Reference: Caring For Our Children, National Health And Safety Performance Standards : Guidelines For Out Of Home Care Programs. American Public Health Association And The American Academy Of Pediatrics, 1992.

# My Iman Montessori Center

## **Items From Home Policy**

### **Clothing**

Please ensure that all clothing items are clearly labeled with your child's name. This will help to ensure that items that are similar in appearance are not sent home with the wrong family. Please keep a change of clothing at the center for your child to have in case of an accident (please make sure that you change the outfits with the seasons)

### **Toys**

Please do not allow your child to bring toys from home unless it is his/her show and tell day. The children will need to have their items labeled with their name and they will be kept in their bags before and after show and tell.