



# INFANT ENROLLMENT REGISTRATION APPLICATION

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Date of Registration:		Date of Termination Status:	
<b>CHILD INFORMATION</b>			
Name of Child (Last, First, Middle Initial):			
Nickname:	Age:	Sex:	Date of Birth:
Child's Primary Language:		Parent/Guardian's Primary Language:	
Home Email Address:		Home Phone:	
Child's Home Address:			
<b>PARENT/GUARDIAN</b>			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		Primary Residence: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian	
List the family members your child lives with—include names and ages of siblings:			
Parent Updates			
(Initial)"	(Date)		
Parent Updates			
(Initial)"	(Date)		
Parent Updates			
(Initial)"	(Date)		
Check the appropriate boxes for schedule, extra care hours if applicable, and how many days per week.			
<input type="checkbox"/> Full Day Care Hours (7:00am - 6:00pm)		<input type="checkbox"/> Regular Day Care Hours (8:30am - 3:00pm)	
<input type="checkbox"/> Morning Care (7:00am - 8:30 am)		<input type="checkbox"/> Afternoon Care (3:00pm - 6:00pm)	
<b>PRIMARY CONTACT AND RELEASE PERSONS</b>			
Parent/Guardian #1:		Relationship to Child:	
Home Phone:		Cell Phone:	
Home Address:			
Email Address:		Driver's License Number/State:	
Employer:		Employer's Address:	
Work Phone/Extension:		Work Hours:	
Parent/Guardian #2:		Relationship to Child:	
Home Phone:		Cell Phone:	
Home Address:			
Email Address:		Driver's License Number/State:	
Employer:		Employer's Address:	
Work Phone/Extension:		Work Hours:	
Parent/Guardian #3:		Relationship to Child:	
Home Phone:		Cell Phone:	
Home Address:			
Email Address:		Driver's License Number/State:	
Employer:		Employer's Address:	
Work Phone/Extension:		Work Hours:	
Parent/Guardian Signature:			Date

Pages 1 and 2 must be updated every February and August

# ENROLLMENT REGISTRATION INFORMATION

## EMERGENCY CONTACT AND RELEASE PERSONS

Please notify the school if an Emergency Release Person will pick up your child on a given day. For the safety of your child, we will request all authorized release persons to provide Government-issued photo identification at the time of pick-up. All persons below must be 18 or older, unless he/ she is the parent of the child.

<b>Name #1:</b>	Relationship to Child:
Home Phone:	Cell Phone:
Home Address:	Home Email Address:
Photo ID Type:	
Employer:	Employers Address:
Work Phone/Extension:	Work Hours:
<b>Name #2:</b>	Relationship to Child:
Home Phone:	Cell Phone:
Home Address:	Home Email Address:
Photo ID Type:	
Employer:	Employers Address:
Work Phone/Extension:	Work Hours:
<b>Name #3:</b>	Relationship to Child:
Home Phone:	Cell Phone:
Home Address:	Home Email Address:
Photo ID Type:	
Employer:	Employers Address:
Work Phone/Extension:	Work Hours:

The persons designated in this section will be contacted and are authorized to pick up my child if there is a medical or other emergency and I cannot be reached. Parent/Guardian must complete any state-specific emergency release form required by individual state child care licensing regulations. School staff will release your child only to you or to those persons you have listed above. Emergencies may prevent you from picking up your child; therefore, include those individuals whom you would authorize in such events. If you want a person who is not identified above to pick up your child, you must notify school staff in advance, in writing. Your child will not be released without prior authorization. In the event you call a pick-up authorization into the school because you are unable to submit your authorization in writing, we will use your personal information to verify your identity. For all children's safety, it is critical to use your secured access to enter the building and sign in your child in and out according to state child care licensing regulations. To ensure the safety of our schools staff and children, please do not share your secured access with anyone else. Please notify emergency contacts that they must bring government-issued identification when they pick up your child. If you must pick up your child after closing time, you will be charged a late fee per every 15 minute or portion of 15 minute period, per child, until the child is picked up. Per state licensing regulations, we may be required to contact local authorities after a certain amount of time. Please contact your Director for additional information.

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

Date: \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT AGREEMENT

Name of Child (Last, First, Middle Initial): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please initial each section listed below, then sign and date the last page.

\_\_\_\_\_REGISTRATION FEE: I understand that an annual, **non-refundable**, registration fee of \$\_\_\_\_\_and material fee \$\_\_\_\_\_shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for Fall by paying this fee no later than April each year. I also understand that the fees are subject to increase with advance notice.

\_\_\_\_\_FAMILY FEE: I understand a one-time fee of \$\_\_\_\_\_ will be charged at the time of enrollment. Any siblings who may join in the future will not be charged this fee. There will be no refunds for any fees paid once the contracts are signed and my child's enrollment is guaranteed.

\_\_\_\_\_TUITION and MODIFICATIONS CONDITIONS: \$\_\_\_\_\_per month is the current tuition rate for the program I have chosen. I understand that rates are subject to change with reasonable notice as conditions require. The school follows state specific required time frames on tuition and modifications notices.

- Full Day: 7:00 am- 6:00 pm
- School Hours: 8:30 am – 3:00 pm
- Half Day: 8:30 am- 12:00 pm

Please check one of the above schedules.

\_\_\_\_\_ TUITION COMMITMENT: I understand that the tuition is paid annually for the 12 month or 10 month commitment. I understand that tuition can also be paid monthly and that if my child is withdrawn before the end of the school year I am liable to pay the tuition for the remaining months.

\_\_\_\_\_PAYMENT OF TUITION: I understand that tuition for the school year has to be paid at the time of enrollment. However, if I have chosen the monthly payment plan the payment is due by the first business day of each month. I understand that the tuition is based on a formula that spreads the school year tuition over the academic year calendar. I understand that there is no reduction in monthly tuition for months including holidays, sickness, vacations, and emergency closings.

\_\_\_\_\_LATE OR UNPAID TUITION: If payment in full is not received by the fifth of the month, I agree to pay a late payment fee of \$30 per week that tuition is not received. All late fees are subject to change with reasonable notice. The school follows state specific required time frames on tuition and modifications notices. I understand that if my account is delinquent for more than one week, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition.

\_\_\_\_\_CHARGES AND PROCEDURE FOR LATE PICK-UP: The school is open from \_\_\_\_\_am to \_\_\_\_\_pm, Monday through Friday all year, except for holidays. I understand that if I fail to pick up my child by the scheduled time I have chosen above, I will be charged a late fee of \$15.00 per every 15 minutes or portion of fifteen minute period, per child, until the child is picked up.

\_\_\_\_\_ADDITIONAL FEES: I understand that children enrolled in summer programs, children attending during scheduled school breaks, and children attending after-school programs may pay a separate Activity Fee for attendance. All other age groups may be subject to Activity Fees as well. Please consult the Director for details.

\_\_\_\_\_RETURNED CHECKS: I understand that a processing fee will be charged to my account for all checks that are returned for any reason. An additional late tuition payment may be charged if the new payment is made after the fifth of the month. If more than two checks are returned, I will be required to pay by an alternate method of payment (cash, money order, or cashiers check).

\_\_\_\_\_DAILY PROCEDURE: I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. If an authorized person will be dropping off or picking up my child from school, I will inform them that they need to sign my child in and out with the appropriate time.

\_\_\_\_\_ILLNESS: I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted with a release note from the child's doctor.

# ENROLLMENT REGISTRATION INFORMATION

## AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

In the event of an emergency requiring a physician's care, would you like us to call your family physician?  
Yes \_\_\_\_\_ " No \_\_\_\_\_ "

If yes, please provide the following information:

Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

I (we) \_\_\_\_\_ and \_\_\_\_\_, do hereby state that I am (we are) parent(s)/legal guardian(s) of \_\_\_\_\_, a minor child age \_\_\_\_\_, born on \_\_\_\_\_, who resides with me (us) at \_\_\_\_\_

I (we), \_\_\_\_\_ authorize, for emergency purposes only, a school- designated employee to transport the above minor by ambulance and consent to any necessary examination, anesthetic, medical diagnosis, surgery or treatment, and/or hospital care to be rendered to the minor under the general supervision of any physician or surgeon licensed to practice medicine in the State of \_\_\_\_\_

Last Tetanus/Diphtheria Booster: \_\_\_\_\_

Allergies to drugs, foods or other: \_\_\_\_\_

Please list any special medications or pertinent Information \_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_

Appeared before me and produced \_\_\_\_\_ as identification.

Date: \_\_\_\_\_ Director Signature: \_\_\_\_\_

Print name: \_\_\_\_\_

## AUTHORIZATION FOR TRANSPORTATION, FIELD TRIP OR EMERGENCY

We may plan special field trips for the children away from the school. These trips are carefully arranged and shall be supervised by an adequate number of adults. You will always receive advanced notice of ALL field trips. We have your permission to take your child \_\_\_\_\_, on these field trips. For emergency purposes, we have permission to evacuate the premises. Our emergency evacuation site is posted in each school.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## PARENTS/GUARDIANS OF CHILDREN AGES 4 YEARS OLD AND OLDER ONLY:

We have permission to pick up your child, \_\_\_\_\_, on a daily basis from \_\_\_\_\_ school and take him/her on field trips.

Transportation off school grounds is only provided for children at least 4 years old and 40 pounds or more.

By signing this, you are certifying that your child is at least 4 years old and 40 pounds or more.

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

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

# ENROLLMENT REGISTRATION INFORMATION

## ENROLLMENT CHECKLIST

Please review the entire Enrollment Registration Information packet and Parent Handbook with each family. Be sure that all forms are filled out completely with appropriate signatures. Review the child's health record and Immunizations for State compliance to ensure the physician has stamped/signed it and has filled in all the necessary dates.

### OBTAIN SIGNED FORMS FROM FAMILY

- Standard Enrollment Packet
- Parent Handbook

### REVIEW WITH FAMILY

- The child's first day
- Child guidance and classroom management (discipline policy)
- Tuition payment schedule, amounts and due dates
- Parent conferences and other communications, what to expect daily and/or weekly
- Process and Procedures of Security Access
- Authorized pickup, late pickup policy and emergency controls
- Child Custody Documents (if applicable)
- Clothing and other items to bring (labeled)
- Any pickup restrictions
- Any field trip restrictions
- Any photo restrictions
- Immunization/Health information
- Annual registration and supply fee and one time family fee
- Late fees
- Vacation policy
- Special needs
- Absenteeism policy
- Sick policy
- Meals
- Allergies
- Security deposit (if applicable)
- Medication policy
- Relevant curriculum features for child's age group
- Infant/Toddler Needs Services Plan (if applicable)

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The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of all the policies of Hill Point Montessori.

Name of Parent/Guardian: \_\_\_\_\_ Signature: \_\_\_\_\_

Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Director: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Initial \_\_\_\_\_

## Infant Needs and Service Plan

\*This needs and service plan will be updated every 3 months

Date: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

### Feeding

\_\_\_\_ Bottle; Formula (What Brand) \_\_\_\_\_ \_\_\_\_ Breast Milk Uses a Sippy cup: Yes No

What is your child's feeding schedule? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the longest period of time you allow your child to go between feedings? \_\_\_\_\_.

What needs does your child have during their feeding: (ex. Needs to always be burped, sit up after feeding, etc.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Foods

Does your child eat: Baby Foods \_\_\_\_ Table Food \_\_\_\_ (menu will be provided)

List all food allergies, food sensitivities, or feeding issues: \_\_\_\_\_

\_\_\_\_\_

Any special instructions you would like us to follow regarding your child's eating pattern? \_\_\_\_\_

\_\_\_\_\_

### Sleeping

Does your child use a pacifier? \_\_\_\_ Yes \_\_\_\_ No

What is your child's current sleeping schedule \_\_\_\_\_.

Can you tell us anything about your child's sleeping habits that might be helpful? \_\_\_\_\_

\_\_\_\_\_

**\* It is our policy that infants must always be put to sleep on their backs. If children have a medical condition requiring them to sleep in an alternate position, a signed physician's note is required.**

**\*\*If a blanket is used, the infant is placed at the foot of the crib with a thin blanket tucked around the crib mattress, reaching only as far as the infants' chest.**

## Diapering

Are there any specific creams or ointments to be used at diaper changing time?

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**Please note you will need to complete a topical ointment form and update this every 90 days. We cannot put on any cream without a prescription or signed physician's authorization if it is a prescribed ointment.**

### General Information

Does your child have any special needs: \_\_\_\_\_

Is there any other information you would like us to know about your child so we may give them the best possible care?

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

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

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

Teacher Signature \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date: \_\_\_\_\_

Teacher Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Infant Daily Schedule

Time	Feeding	Napping
6:30 am		
7:00 am		
7:30 am		
8:00 am		
8:30 am		
9:00 am		
9:30 am		
10:00 am		
10:30 am		
11:00 am		
11:30 am		
12:00 pm		
12:30 pm		
1:00 pm		
1:30 pm		
2:00 pm		
2:30 pm		
3:00 pm		
3:30 pm		
4:00 pm		
4:30 pm		
5:00 pm		
5:30 pm		

**Additional comments:**

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