

Student

Name of Child: _____

Nickname: _____ Gender: _____

Address: _____

Birth date: _____ Start date: _____

City _____ State _____ Zip _____

Previous School Experience? _____

Siblings: _____

How did you hear about us? _____

Parent or Guardian 1

Mother

Father

Guardian

☐ Single☐ Married☐ Divorced*☐ Widowed

Name: _____

Phone: _____

Address: _____

Email: _____

City _____ State _____ Zip _____

Mass E-mail notifications from school okay? ☐ Yes ☐ No

*Parent e-mails are never shared or used for marketing

Place of Employment: _____

Address: _____

Work Phone: _____

Parent or Guardian 2

Mother

Father

Guardian

☐ Single☐ Married☐ Divorced*☐ Widowed

Name: _____

Phone: _____

Address: _____

Email: _____

City _____ State _____ Zip _____

Mass E-mail notifications from school okay? ☐ Yes ☐ No

*Parent e-mails are never shared or used for marketing

Place of Employment: _____

Address: _____

Work Phone: _____

Please list e-mail address(es) where you would like your tuition invoices/receipts sent: _____

*If Divorced, who has custody of your child?

☐ Mother☐ Father

Copy of custody agreement provided _____

Emergency Contacts and Individuals Authorized to Pick Your Child Up

In the event of emergency and parent/guardian cannot be reached we will contact those indicated below. Emergency contacts must agree to pick your child up in the event of emergency or illness. We will only release your child to individuals who are authorized for pick-up.

Name & Address	Relationship	Phone Number	Emergency Contact (yes or no)	Authorized Pick-up (yes or no)	Lives With (yes or no)
Out of State Emergency Contact Name & Address	Relationship	Phone Number	Emergency Contact	Authorized Pick-up (yes or no)	Lives With (yes or no)
			Yes		No

☐ Check if no emergency contacts or authorized pick-ups available, other than parents☐ Check if no out-of-state emergency contacts available☐ Pre-school ☐ Kindergarten Schedule: _____ Tuition: _____ Enrollment Fee (Non-refundable): _____

Annual Child Health Assessment

Name of Medical Provider: _____

Phone #: _____

Preferred Hospital/Clinic for Emergency Care: _____

Insurance Co: _____

Address: _____

Policy #: _____

List any special instructions for your child's emergency care: _____

List any regular medications your child takes: _____

Health Assessment

Chronic Illnesses or Medical Conditions

	No	Yes
Asthma		
Diabetes		
Seizures		
Heart Problems		
Other (describe)		

Disabilities

	No	Yes
Hearing Impairment		
Visual Impairment		
Developmental Delay		
Physical Impairment		
Other (describe)		

Any behavioral problems (e.g. aggression, biting): _____

Allergies or Sensitivities to

	No	Yes	If yes, please list details and child's reaction
Medications			
Foods			
Other			

Are any of the allergies severe or life-threatening? ☐ Yes ☐ No If yes, please provide special instructions:

Parent Contract

Initials	Agreements
	I understand that I am enrolling and responsible for my child's tuition for the entire school year or the remainder of the school year if enrolling mid-year. I understand the enrollment fee is non-refundable. I understand that a \$25 fee is charged for a schedule reduction. I understand that a 30 day written notice is required for early withdrawal from Willow Creek Montessori school and that I will not be reimbursed for that month's tuition, even if I withdraw before the end of the month.
	I understand that I will be charged a \$25.00 late fee for tuition received after the 10 th of the month. I understand that I will be charged a \$25.00 returned check fee.
	I agree to the scheduled arrival and departure times I have chosen for my child. If I arrive late or drop off early I am responsible for payment for the extra time. I understand if my child is picked after their scheduled time an additional charge of \$2.00 per minute per child will be accrued. There are no exceptions to this rule.
	I understand that there are no refunds, tuition adjustments, or make-up days if or when my child is absent from school due to illness, vacation, or other absences.
	I understand that I agree to pay for all costs of collection and reasonable attorney fees incurred by Willow Creek Early Education, LLC in the collection of outstanding charges on my account.
	I give Willow Creek Montessori consent to take photographs, voice recordings, in any format or media, of my child while attending school. I give permission to Willow Creek Montessori to publish and/or distribute photos or videos of my child for educational purposes, teacher training, or school publications which can include: advertisement in brochures and posters, entertainment programs, school website, newsletters, social media, or blogs. Names of children will not be associated with pictures used for marketing efforts and Willow Creek Montessori will notify parents prior to using their child's image for marketing or advertisement.
	I understand by our attendance to Willow Creek Montessori events that my child's image might be captured by school staff and other parents that videotape parties or events and that our participation constitutes permission for our picture to be captured and included in school publications. I understand and agree that, in consideration for being allowed to photograph, videotape, or audio record my child on Willow Creek Montessori property, I shall only use such recording for lawful and private home use, and will not publish, publicly display, or sell such recordings.
	I give permission for my child to leave Willow Creek Montessori premises with his or her teacher to accompany their class on field trips whether walking or riding in a Willow Creek Montessori vehicle or a parent volunteer's vehicle.
	I give Willow Creek Montessori permission to secure medical care and emergency medical transportation should an emergency occur and I cannot be contacted.
	I give permission to Willow Creek Montessori to sign my child in when they arrive and out when they depart each day to account for their attendance at school.

By signing this form I acknowledge that these policies have been reviewed with me and I have read and understand the above statements. I understand that these consents/agreements remain in effect until I change or update them in writing. I have been given the Willow Creek Montessori Parent Handbook. I understand and will comply with the policies included in the Parent Handbook.

Parent/Legal Guardian Signature

Date

Director's Signature

Date

