

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 agree to abide by the school's policies outlined in "The Parent Handbook". I agree to participate in a collaborative and positive relationship with the school.
	I understand that if offered a spot and I accept, that I am 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 \$65 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 am responsible for tuition that is due for the remaining 30 days and I will not be reimbursed for that month's tuition, even if I withdraw before the end of the month.
	I understand that tuition is due on the 1 st of each month, with the exception of August which is due mid-month, and 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 early or pick up late I am responsible for payment for the extra time. I understand if my child is picked up after their scheduled time an additional charge of \$2.00 per minute per child will be charged.
	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, holiday or other circumstances that prevent them from attending.
	I understand that upon admission all students must be potty-trained and fully independent with dressing and self-care. If bowel movement accidents are frequent and my child is not potty-trained or independent in this setting, we may be asked to withdraw.
	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, and video for use on their parent-communication platform and for direct e-mail correspondence. If there is a need to publish and/or distribute photos or videos of my child for advertising, educational purposes, teacher training, or school publications the school will contact me for consent directly.
	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 to Willow Creek Montessori to sign my child in and out for their arrival and departure each day to account for their attendance at school.
	I give permission for my child to leave Willow Creek Montessori premises with his or her teacher to accompany their class if there is an emergency that requires leaving the premises.
	I give Willow Creek Montessori permission to seek medical treatment should an emergency occur and I cannot be contacted.

By signing this form, I acknowledge that I have read these Willow Creek Montessori's policies 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

Behavior Expectations and Client Rights

I have been informed of the program's behavioral expectations and how misbehavior will be handled. I also have been informed of mine and my child's rights, which are:

- To be informed of our rights
- To be treated with dignity, respect, and fairness
- To be free from potential harm or acts of violence
- To be free from discrimination
- To be free from abuse, neglect, mistreatment, exploitation, and fraud
- To have equal access to food, shelter, and health services
- To be free from retaliation for reporting any violation of our rights
- To privacy of current and closed records
- To communicate and visit with family, attorney, clergy, physicians, counselors, or case managers or workers assigned to my child, unless therapeutically contraindicated or court restricted.

Signature

Date Signed

