



## ENROLLMENT AGREEMENT Academic Year 2017-2018

This agreement is entered into by and between Gloria Dei Montessori School (hereinafter referred to as "School") and the Parent(s) or Guardian(s) (hereinafter referred to as "Parent(s)") whose signature(s) appear(s) below. THE PARTIES hereto accept the following terms and conditions governing the following child's enrollment at the School.

1. The Parent(s)/Guardian(s), \_\_\_\_\_ (parent(s)/guardian(s) name(s)) agree(s) to enroll \_\_\_\_\_ (student name) in the \_\_\_\_\_ Class for the 2017-2018 school year.
2. The Parent(s) agree(s) to pay \$\_\_\_\_\_ tuition for the 2017-2018 school year. This tuition may be paid in ten (10) monthly installments of \$\_\_\_\_\_, with the first payment being due by August 10, 2017 through SMART Tuition Management Services, or \_\_\_\_\_, or \_\_\_\_\_.
3. Upon the signing of this Agreement, the Parent(s)/Guardian(s) agree(s) to pay the School a **\$75.00** enrollment fee. This enrollment fee is non-refundable after **May 1, 2017**, unless the child is denied return for the 2017-2018 year. The first month's tuition and field trip and activity fees are due and payable in full by **August 10, 2017** through SMART Tuition Management Services.
4. The Parent(s)/Guardian(s) agree(s) to pay a fieldtrip fee of \$60 to cover field trip and in-house enrichment expenses (toddler parents are not charged this fee). The activity fees for rock climbing, swimming, ice-skating, gym, brain gym, roller-skating, etc., are **not** included in the fieldtrip fee and are an additional \$150 for Elementary and Middle School Students for a total of \$210 for Elementary and Middle School Students.
5. The first month's tuition and field trip fees and activity fees are due and payable in full by **August 10, 2017** through SMART Tuition Management Services unless an alternate arrangement has been made with Head of School. Failure to pay tuition by the 10<sup>th</sup> day of each month will result in a **late fee** of \$50 charged to the Parent and assessed by SMART



Tuition Management Services or the Head of School. The Parent agrees that if payment of tuition is not made in accordance with this Agreement, the School shall have the right to refuse to admit the child to class. The Parent also agrees that the School shall have the right to withhold the child's academic records until all tuition and fees have been paid.

6. By signing this Enrollment Agreement, Parent(s)/Guardian(s) agree to abide by all policies, rules, and regulations as currently set forth and such other rules and regulations as may be promulgated hereafter by the School (the "School Rules"). General rules and regulations are set forth in the Student Handbook, located on the School's website. The School shall have the right to update the School Rules at any time. The School Rules include, but are not limited to, the following (please initial in the space provided):

- Parent(s) agree(s) to attend at least one Montessori Parent Education event. \_\_\_\_
- Parent(s) agree(s) to attend **FOUR** or more Community Meetings that are held every other month (Sept., Nov., Jan., Mar., May). \_\_\_\_
- Parent(s) acknowledge(s) that the education process is based on a partnership between School and Parent(s). In the event a school official (i.e., teacher, Head of School) requests a meeting concerning your child, Parent(s) agree(s) to participate in any meetings so requested. \_\_\_\_
- Parent(s) acknowledge(s) that safety of all the students is paramount. For safety reasons, Parent(s) agree(s) to refrain from parking in car line between the hours of 8:15 - 9:00 AM AND 3:15 - 3:45 PM and further agree(s) to refrain from leaving children unattended at car line or unsupervised anywhere on campus. \_\_\_\_
- Parent(s) acknowledge that while they will be consulted about whether or not to move their student up to the next class, the school reserves the right to make the final decision. \_\_\_\_
- Parent(s) understand(s) that teaching healthy eating habits is part of our curriculum and agree(s) to limit the amount of sugar provided in lunches and/or snacks. Specifically, parent(s) agree(s) to NOT provide soda, candy, and/or packaged/processed desserts to their child and/or to other students at school or on field trips or other school activities. \_\_\_\_
- In order to encourage students to focus on physical education or field trip activities, parent(s) agree(s) to NOT buy snacks and/or toys for any students at physical education classes or field trips such as roller skating, ice skating or swimming. \_\_\_\_



- All parent(s) agree that their children will wear socks and athletic or school shoes for safety at recess (no flip-flops, open toed sandals or dress shoes). \_\_\_\_\_
- Parent(s) agree to provide car seat(s) for all children under the age of 8 for transportation to and from school and to and from all field trips. It is understood that most children under age 13 must ride in the back seat of the vehicle (unless the back seat is full of even younger children) \_\_\_\_\_

7. The School shall provide the Student(s) with an education in accordance with the philosophy and pedagogy of its mission. Parent(s) understand that the education of a Gloria Dei Montessori School student requires a cooperative partnership between the School and Parent(s). If the School determines that Parent(s) are acting in ways contrary to a cooperative partnership with the School, an offer of re-enrollment for the following academic year may not be extended. Parent(s) further understand that disregard for the School Rules or disruption of the School community by the Student(s) or his/her family may be deemed sufficient cause for disciplinary action, up through and including dismissal, at the school's board sole and complete discretion.

This enrollment Agreement is not binding until executed by the School and is for a period of one year only. The Agreement is further conditioned upon the child finishing the current year in good standing.

The following signature is affixed herein on behalf of the parent(s),

\_\_\_\_\_ (print parent name(s)), listed above.

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

Signature

\_\_\_\_\_  
Printed Name of Parent

Accepted on behalf of School:

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

Date of Signature





## Student Information & Medical Sheet

**Child's Name** \_\_\_\_\_

Birth Date \_\_\_\_\_ Class \_\_\_\_\_

**Guardian 1** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer & title \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

**Guardian 2** \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Employer & title \_\_\_\_\_ Work phone \_\_\_\_\_

Email address \_\_\_\_\_

Please list all of the child's allergies and dietary restrictions \_\_\_\_\_

\_\_\_\_\_

Please list all of the child's current medications \_\_\_\_\_

\_\_\_\_\_

### Emergency Contacts

In case of an emergency, GDMS will make every effort to contact the child's guardian(s) first. Please list below additional individuals GDMS will contact if the guardians are unreachable.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_



**Medical Information**

Preferred hospital \_\_\_\_\_

In an emergency, I DO ( ) DO NOT ( ) give GDMS school permission to transport my child to the above named hospital if deemed necessary by the staff.

Name of child's physician \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

Name of child's dentist \_\_\_\_\_

Address \_\_\_\_\_ Phone: \_\_\_\_\_

**Pick Up Information**

Please list below the individuals who have permission to pick up your child. These individuals may be asked to produce proof of ID at pick-up time.

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship to child \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

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



**ENROLLMENT AGREEMENT for  
Before School Care (BSC) and/or After School Care (ASC) Program  
Academic Year 2017-2018**

*The Before School Care (BSC) and After School Care (ASC) programs have limited spaces and those spaces will be offered first to parents who will need this service on a regular basis. Parents who would like this service occasionally must call in advance to ensure that space is available in accordance with child/adult ratios.*

This agreement is entered into by and between Gloria Dei Montessori School ("School") and the Parent or guardian ("Parent") whose signature appears below.

THE PARTIES hereto accept the following terms and conditions governing the child's enrollment in the Before School Care (BSC) and/or After School Care (ASC) Program.

I understand that by signing this Extended Care contract for the coming year that Gloria Dei Montessori School has granted to the named student one of a limited number of annual-placement positions.

Rates for a secured spot are based on \$10/hour or any part thereof and are for the entire school year. Check program desired:

- |                          |             |             |
|--------------------------|-------------|-------------|
| <input type="checkbox"/> | 7:15 – 8:30 | \$210/month |
| <input type="checkbox"/> | 7:30 – 8:30 | \$168/month |
| <input type="checkbox"/> | 8:00 – 8:30 | \$84/month  |
| <input type="checkbox"/> | 3:30 – 4:00 | \$84/month  |
| <input type="checkbox"/> | 3:30 – 4:30 | \$168/month |
| <input type="checkbox"/> | 3:30 – 5:00 | \$250/month |
| <input type="checkbox"/> | 3:30 – 5:30 | \$334/month |
| <input type="checkbox"/> | 3:30 – 6:00 | \$418/month |

- *Other standardized arrangements are available. Please discuss with Administration.*
- *If you feel you may be eligible for financial aide for before/aftercare, please ask the Head of School.*
- *Changes in a child's schedule are granted only by the Head of School.*



1. The Parent agrees to enroll his or her son/daughter \_\_\_\_\_ in the BSC and/or ASC Program for the 2017-2018 school year and understands that upon enrollment, his/her son/daughter has a guaranteed space.
2. The parent agrees to pay seven (7) monthly installments of \$ \_\_\_\_\_, with the first payment being due by Nov 13, 2017.
3. The parent and child agree to follow and adhere to the policies, rules and regulations of the School as currently set forth in the School Handbook and such other rules and regulations as may be set forth hereafter by the School.
4. The Parent understands and agrees that the child is enrolled for the entire school year, and the Parent is liable for the entire year's BSC/ASC tuition upon the signing of this Agreement, unless on or before Dec 15<sup>th</sup> the Parent notifies the School that the child will no longer be in attendance.
5. The Parent agrees that the withdrawal of the child after the execution of this Agreement does not relieve the Parent of the responsibility for payment of the entire year's BSC/ASC tuition, unless as the result of parental job transfer or as the result of serious accident or illness (verified by a doctor's written statement). The Parent further agrees to pay tuition and fees during the child's absence due to vacations during the school year.
6. The Parent agrees that if payment of tuition is not made in accordance with this Agreement, the School shall have the right to refuse to admit the child to BSC and/or ASC. The Parent also agrees that the School shall have the right to withhold the transcript of the child's academic records until all tuition and fees have been paid.
8. This enrollment Agreement is not binding until executed by the School and is for a period of one year only. The Agreement is further conditioned upon the child's finishing the current year in good standing.

\_\_\_\_\_ Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.  
(Signature of Parent / Guardian)

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For Gloria Dei Montessori School





### School Application

Gloria Dei Montessori School seeks to build a partnership with parents in a diverse community wherein children and families strive to reach their full potential. We commit ourselves to fostering human understanding and acceptance.

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

Birth Date \_\_\_\_\_ Sex \_\_\_\_\_ Primary Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

#### Family Information

Guardian 1/Mother's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer & title \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Guardian 2/Father's Name \_\_\_\_\_

Home Address \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer & title \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

Email address \_\_\_\_\_

Step Parent(s): \_\_\_\_\_ Married to \_\_\_\_\_

\_\_\_\_\_ Married to \_\_\_\_\_

Who lives at home with your child? For children, please indicate age and whether present marriage, previous marriage, or adoption. \_\_\_\_\_

Are there any special family arrangements, such as shared parenting, living in two homes, or custody specifications, etc.? Additional details? \_\_\_\_\_

Child's name \_\_\_\_\_

**Developmental History**

Please fill in the following with age at onset.

Sat alone	_____	"Mama and "Dada" with meaning	_____
Smiled	_____	Toilet trained: Day	_____
Laughed	_____	Night	_____
Crawled on stomach	_____	Fed with spoon	_____
Babbled	_____	Handedness: Right	_____
Walked alone	_____	Left	_____
Crept on hands/knees	_____	3-word sentences	_____
	_____		

Type of Birth: Normal \_\_\_\_\_ Abnormal \_\_\_\_\_ If so, explain: \_\_\_\_\_

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**Personal Adjustments**

Check any that are of concern to you.

Sleep habits	_____	General slowness	_____
Shy	_____	Lack of affection	_____
Jealous	_____	Holds breath	_____
Restless	_____	Talks to self	_____
Difficult to discipline	_____	Does not understand speech	_____
Aggressive	_____	Speech difficult to understand	_____
Does not see well	_____	Wets bed	_____
Does not hear well	_____	Difficulty with bowel movements	_____
Fearful	_____	Temper tantrums	_____
Bites nails	_____	Destructive	_____
Sucks thumb	_____	Primary language(s) spoken at home	_____

**Other Information**

Are there additional personality and behavior characteristics that would be useful to know about your child?

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Are there any foods your child should NOT be fed? If yes, please describe briefly. \_\_\_\_\_

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Are there any cultural or religious practices of your family we should be aware of? Dietary restrictions, clothing, head coverings, etc. \_\_\_\_\_

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Child's name \_\_\_\_\_

Are there any changes or transitions that your child has recently experienced or is experiencing (moved from crib to bed, divorce, new home, death of family member, friend or pet? Additional details? \_\_\_\_\_

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For preschool children, has your child had a previous care arrangement? Center based, in home, with family, etc. Please describe. \_\_\_\_\_

Has your child attended another preschool/elementary school? If so, please give the name of the school, location, and dates of attendance: \_\_\_\_\_

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Are there things that frighten your child? If so, how does he/she react and what do you do to comfort him/her? \_\_\_\_\_

What time does your child normally go to bed at night and wake up in the morning? \_\_\_\_\_

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How many hours a day does your child spend with DVDs, computers, i-pad, or TV? \_\_\_\_\_

What games/outings/activities does your family enjoy together? \_\_\_\_\_

What methods do you use to respond to your child's negative behavior? \_\_\_\_\_

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Does the child have any physical disabilities? \_\_\_\_\_ If so, please explain \_\_\_\_\_

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Has your child been identified as having any special learning needs? If yes, please describe briefly:

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Is your child on an IEP or ISP? What category? \_\_\_\_\_ Please describe briefly: \_\_\_\_\_

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Child's name \_\_\_\_\_

Can parents provide transportation to and from school? \_\_\_\_\_

Can parents provide breakfast at home and a packed lunch? \_\_\_\_\_

Briefly, what are your reasons for enrolling your child in a Montessori school? \_\_\_\_\_

\_\_\_\_\_

If accepted, how many years will your child attend our school? \_\_\_\_\_

How did you hear about Gloria Dei Montessori School? \_\_\_\_\_

\_\_\_\_\_

What other information would be helpful for the staff caring for your child to know? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you be interested in having a home visit from your child's lead teacher? \_\_\_\_\_

**Desired Enrollment for 18 mos-6 Year Old Children**

Half day (8:30 – 12) \_\_\_\_\_

Whole day (8:30 – 3:30) \_\_\_\_\_

GDMS will accept students for less than 5 days with a minimum of 3 if space is available

\_\_\_ I am interested in 4 day enrollment.

\_\_\_ I am interested in 3 day enrollment.

**Admission Policy:** The Gloria Dei Montessori School recruits and admits students of any race, color, or ethnic origin to all the rights, privileges, programs and activities. In addition, the school will not discriminate on the basis of race, color, or ethnic origin in administration of its educational policies, scholarships/loans/fee waivers, educational programs and athletics/extracurricular activities.

**Administrative Information:** We the staff of the Gloria Dei Montessori School, reserve the right to permanently or temporary remove from Gloria Dei Montessori School any child if it is deemed necessary in the best interest of the school and/or child.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Ohio Department of Job and Family Services  
**CHILD MEDICAL STATEMENT FOR CHILD CARE**

Child's Name ( <i>print or type</i> )		Date of Birth
<input checked="" type="checkbox"/> This above named child has been examined, the immunization status recorded, and the child is in suitable condition for participation in group care. <input checked="" type="checkbox"/> This above named child has been immunized in accordance with the requirements of section 5104.014 of the Ohio Revised Code (please note any exceptions below).		
Signature of Examining Physician/Physician's Assistant/Advanced Practice Registered Nurse/Certified Nurse Practitioner		Date of Examination
Name of Physician/Physician's Assistant/Advanced Practice Nurse/Certified Nurse Practitioner		Telephone Number
Street Address		
City, State and Zip Code		

**ATTACH A COPY OF THE CHILD'S IMMUNIZATION RECORD WITH DATES OF DOSES OF ALL IMMUNIZATIONS**

**Exceptions to Immunization requirements pursuant to 5104.014 ORC** (please include names of requirement diseases against which the child has not been immunized and whether it is because the immunization is medically contraindicated, not medically appropriate for the child's age, or declined by the parent).

I have declined to have my child immunized against one or more of the diseases required by 5104.014 of the Ohio Revised Code. Please note disease above and sign.

Signature of Parent	Date of Signature
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**Optional Recommended Assessments/Screenings**

Vision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Lead	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hearing	<input type="checkbox"/> Yes <input type="checkbox"/> No	Hemoglobin	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other	
<b>Measurements</b>		<b>Notes</b>	
Height			
Weight			
BMI			





## Photograph/Field Trip Permission Slip

During the course of the school year, there will be many occasions for photographing students. They may be working in the classroom, playing outside, attending field trips or numerous other activities. We would like your permission to use these photographs for various newsletters, advertisements, brochures, etc. Please read the permission slip below for specific details.

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_ hereby give permission to Children's Laboratory Schools, Inc. (Gloria Dei Montessori School) and its employees or agents, to photograph and/or video my children and to use such photographs and/or videos in any and all brochures, websites, newsletters, advertisements, displays, and any other means of communication deemed appropriate by the school.

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

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Please make sure that you answer each of the following questions and sign below.

I DO ( ) DO NOT ( ) give permission for my child to have sunscreen applied.

I DO ( ) DO NOT ( ) give permission for my child to have insect repellent applied.

I DO ( ) DO NOT ( ) give permission for my child to view TV programs and videos as deemed appropriate by the school in accordance with the approved curriculum.

I DO ( ) DO NOT ( ) give permission for my child to visit Shiloh Park, Fenner Field, and walk in the neighboring wooded areas and neighborhood with adult supervision.

I DO ( ) DO NOT ( ) give permission for my child to attend field trips, for which I will be notified of time and destination. Transportation will be via school vans or parent and teacher cars unless you are notified otherwise. For example, we would notify you if we decided to go somewhere via public transportation, bicycles, trains, boats, etc.

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







Gloria Dei Montessori School  
615 Shiloh Drive  
Dayton, OH 45415

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

To: \_\_\_\_\_

Please send a copy of \_\_\_\_\_ (student) transcripts and records (including medical records) to Gloria Dei Montessori School. Send to the address above or scan and send to [gloriadeischoolmail@gmail.com](mailto:gloriadeischoolmail@gmail.com)

We appreciate your attention in this matter.

Sincerely,

Laurie Kemp  
Head of School

I hereby give permission for the above indicated records to be sent to Gloria Dei Montessori School.

Parent's Signature: \_\_\_\_\_

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





## **2017-2018 Tuition Schedule**

<b><u>Toddlers:</u></b>	<b><u>Monthly Rate (10 months)</u></b>	<b><u>Annual Rate</u></b>
<b>Full Day (8:30-3:30)</b>		
Five Days/Four days	\$ 730.00	\$ 7300.00
Three Days	\$ 504.00	\$ 5040.00
Two Days	\$ 358.00	\$ 3580.00
 <b>Half Days (8:30-12:00)</b>		
Five Days	\$ 548.00	\$ 5480.00
Three Days	\$ 365.00	\$ 3650.00
Two Days	\$ 255.00	\$ 2550.00
 <b><u>3-6 Class (includes K):</u></b>		
<b>Full Day (8:30-3:30)</b>		
Five Days	\$ 680.00	\$ 6800.00
Four Days	\$ 610.00	\$ 6100.00
Three Days	\$ 474.00	\$ 4740.00
 <b>Half Days (8:30-12)</b>		
Five Days	\$ 510.00	\$ 5100.00
Four Days	\$ 444.00	\$ 4440.00
Three Days	\$ 342.00	\$ 3420.00
 <b><u>Elementary:</u></b>		
Full Day (8:30-3:30)	\$ 680.00	\$ 6800.00
 <b><u>Middle School Erdkinder Program:</u></b>		
Full Day (8:30-3:30)	\$ 730.00	\$ 7300.00

**Changes in schedule that result in a change to tuition rates = \$50.00 fee.**

**Fees & Rates:**

**Enrollment Fee:** \$75.00    **Fieldtrip:** \$60

**Physical Education: Elementary & Middle School:** \$150

**Before and After School Care Rates:**

\$10/hour or any portion thereof. This rate is available with signed, monthly pre-pay contract only. Drop in is available at \$25 per day when space is available.

Billing is done monthly by school. Please inquire if you feel you may be eligible for financial aid in before and after care.

First Month Tuition Due: August 10<sup>th</sup>



## ***2017-2018 Tuition Schedule***

### **Payment Plans:**

Annual: due August 10<sup>th</sup> (3% discount on annual rate)

Bi-annual: due August 10<sup>th</sup> and February 10<sup>th</sup>

Monthly: due the 10<sup>th</sup> of each month (**August 10<sup>th</sup> through May 10<sup>th</sup>**)

**Sibling Discount:** *Discount applies only to full rate (five full days).*

\$80.00/month for second child; \$160.00/month for third child

### **Additional Charges for Intervention Services:**

Additional support for Elementary and Middle School students requiring Intervention Services to access the Montessori curriculum is charged at a rate of \$80/hour; aide services are charged at \$20/hour.

First Month Tuition Due: August 10<sup>th</sup>