

ARE WE READY FOR THE FIRST DAY OF SCHOOL?

Primary Program

- _____ Completed Emergency Card
- _____ Up-to-date immunization record
- _____ Tuition Reserve and First Month Payment
- _____ Completed Registration Packet
- _____ Two full change of clothing (t-shirt, pants, underwear, and socks) clearly marked with child's name (to be replenished every day if needed)
- _____ Outerwear for outside play: rain coat, rain pants & rubber boots for rainy season. Snow pants, heavy coat, waterproof mittens or gloves, hat & snow boots for snow season.
- _____ Indoor shoes to be used indoors only and to remain at school.
No slippers please
- _____ LUNCH! A lunch representing four major food groups: proteins, grains & breads, fruits & vegetables (fresh preferred), dairy products. Water provided. (Please no treats, cookies, soda, juice boxes/bags or candy)
- _____ Rest period or nap time: One blanket and small pillow. All items must fit in a bag clearly marked with child's name. Sleeping gear is left at school for the week and taken home to be laundered every Friday.

IT IS ABSOLUTELY CRITICAL TO SIGN YOUR CHILD IN AND OUT, EVERYDAY, ON THE ATTENDANCE LOG.

PLEASE USE THE NOTE PAD NEAR THE ATTENDANCE LOG TO LEAVE NOTES IF THE STAFF IS UNAVAILABLE TO TALK TO YOU DURING DROP OFF.

THE HANGING FOLDER BY THE CLASSROOM, WITH YOUR CHILD'S NAME ON IT, IS FOR SCHOOL/PARENT COMMUNICATION. PLEASE CHECK IT DAILY.

The Parent Involvement Program (PIP) log sheet is available in the first file. Please log in your contributions to the school. Finally, please remember to check the bulletin board in the hallway for school/Board/community news.

Juneau Montessori School

750 St. Ann's Ave., Douglas, AK 99824

(907) 364-3535 / fax 364-3537 Email: jms@juneaumontessori.org

An Association Montessori Internationale (AMI) Recognized School

TUITION/PROGRAM AGREEMENT

I (We) _____, the undersigned, being the parent(s) or guardian(s) or legal custodian(s) of the minor child _____, in consideration of the acceptance of said child into the Montessori program of Juneau Montessori School (JMS) do hereby make the following agreements, representations, and promises:

1. **I (We) will be solely responsible for the payment of tuition and other fees for whatever period of time my child is enrolled.** I (We) further agree that tuition payments will be made as outlined in the schedule below (item#4).
2. **I (We) will be solely responsible for paying the tuition during the first 10 days of every month.** No invoices or reminders may be issued. A late fee of \$25 per month will be assessed to payments received on or after the 6th day of the month, unless alternate arrangements have been made with the Executive Director. Additional finance charges calculated at the interest rate of 1.5% per month (18% per annum) will be assessed to the remaining balance. I (We) understand that charges for extra hours of service, late pickup fees or other charges will be invoiced separately.
3. **I (We) understand that tuition payments are not for an hourly or daily service, rather serves to secure a place at JMS for my child.** The monthly tuition is not affected by designated holidays, emergency closures, illness, vacations (includes academic year and summer camp program) or other absences. Further, I (We) understand the tuition schedules may change, and that I (We) will be notified of such changes in advance.
4. **Payment Details**
 - ❖ **Tuition reserve:** Deposit equivalent to the monthly tuition due upon acceptance. It will be updated according to any changes in the tuition schedule or the child's enrollment status (Part Time, School Day, or Full Day) and applied to the child's last month of kindergarten year.
 - Tuition Reserve \$ _____
 - Less deposit on account (if any) \$ _____
 - () Balance on tuition reserve due at registration \$ _____or
 - () Contract for payment of balance on tuition reserve is attached.
 - ❖ **Monthly tuition:** The first month's tuition of \$ _____ will be due on or before the first day of attendance on _____

Thereafter, monthly tuition payments of \$_____ will be expected during the first five days of each month.

5. If, for any reason, I (We) must withdraw my (our) child from the program prior to the completion of his/her kindergarten year, I (We) agree to give JMS written notice of my (our) intent to do so at least fifteen (15) days prior to the effective date of withdrawal. In this case tuition reserve will be applied to the last month's tuition. Failure to give the school 15 days' notice will result in forfeiture of the tuition reserve and an additional charge for a month's tuition from the withdrawal date.
6. I (We) understand that JMS must have accurate information at all times on how I (we) can be reached in the event of an emergency. I (We) therefore promise to notify the school promptly of any changes in the information stated on the emergency card.
7. I (We) understand that JMS must have current, up to date, immunization records to comply with the State regulations. Failure to provide this information may result in immediate disenrollment.
8. I (We) understand that the school will be closed for the following reasons:
 - a) Vacations, in-service days, and holidays--as noted in the School Calendar.
 - b) Emergency closures--The school will notify parents of temporary school closure in the event of severe weather conditions or natural disasters, which make it unsafe for children and/or staff to travel to the school. The school will also close if the building is without heat, water, or electricity for a length of time resulting in a health/safety emergency. JMS will make every effort to notify parents in a timely manner of such a closure.
9. **Health & Safety.** I (We) will keep JMS informed about health, medical conditions, developmental delays, injuries and infectious or communicable illness such as chicken pox, strep throat, lice, etc., affecting my child. I (We) understand that a child with a serious illness or with a contagious illness will not be allowed to attend school. When notified that my (our) child is too ill to remain in school or has become ill at school, I (We) will pick up the child, or arrange for someone to do so, within 30 minutes.
10. I (We) will provide written permission to administer ANY medications to my child. I (We) understand that prescriptions medications must be in the original container with the child's name and written instructions for administering the medication. All over-the-counter medications will be administered in accordance with manufactures label.
11. I (We) understand that the first 30 days of enrollment are a trial period. If at the end of this period my child(ren) are not adjusted to the new environment, he/she may be dis-enrolled. JMS will refund 50% of the tuition reserve.
12. I (We) understand JMS reserves the right to dis-enroll a child when it is deemed by his/her Lead Guide and Executive Director that to do so would be in the best interest of the school and/or the child. Dismissal may be for, but is not limited to, such reasons as lack of payment or serious, unresolved behavior problems:
 - a) Overdue tuition--JMS is constantly striving to control its tuition costs while providing the best possible education for your child. Since majority of our revenue is from tuition, we need your cooperation in form of timely payments. If you are having difficulty making payments, please contact the Executive Director who will gladly work with you to attempt to reach a satisfactory solution. If payments are overdue and other arrangements have not been made, your child will be dis-enrolled.

- b) Inability to function in the Montessori classroom--Occasionally a child needs more help than JMS is equipped to provide. Parents will be informed if the Guide identifies a problem. Problems that remain unresolved or are of a severe nature, may result in the child's termination from our program. In such a case, JMS will refund 50% of the tuition reserve.

JMS admits students of any sex, race, color, religion, political beliefs, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school.

I (We) have received a copy of the Parent Handbook and agree to read, understand, and comply by the stated policies.

Signed: _____ **Date:** _____
(Parent/Legal Guardian)

Signed: _____ **Date:** _____
(Parent/Legal Guardian)

Juneau Montessori School

Waiver of Liability/Field Trip Permission/School Directory Release/Photo Release

Student Name _____ Birth Date _____

Mailing Address _____

First Parent/Guardian _____ Home Phone _____ Work Phone _____

Second Parent/Guardian _____ Home Phone _____ Work Phone _____

Waiver of Liability

I (We) am aware that children, due to their normal range of activity, are prone to accidents and at risk of injury. I understand that JMS strives to maintain clean and safe classroom environments and school premises and that the teachers and support staff give children grace and courtesy lessons to encourage safe and responsible behavior, which are an integral part of the Montessori curriculum.

I (We) hereby waive and release any and all rights and claims for damages I may have against JMS, staff, or other agents of the school as well as the owners of any premises leased or rented by JMS, for any and all losses, injuries or accidents involving my child or myself while participating in school activities in or away from the school premises; including, without limitation, any injury or accident as a result of my child leaving the supervision of any of the school's agents, unless such damages are caused by the negligent acts or omissions or by the willful misconduct of JMS, staff, or other agents.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Field Trip Permission

I (We) give permission for _____ to go on regular field trips involving:

- ____ Walks in the neighborhood
- ____ Nature walks on nearby beaches, side roads, and trails
- ____ Open or organized gym

I (We) understand that for any other field trips away from school involving car or bus transportation and activities of moderate risk (swimming, boating, etc.) I (We) will approve our child's participation separately from this document. I (We) understand that our child will not be involved in any high-risk activities. This approval is for the duration of our child's enrollment at JMS and may be revoked or revised in writing by both of us at any time.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Note: For joint custody cases, **both** parent/guardian signatures are required.

Photo Release

_____ I (We) give permission to JMS to take and use photographs of my child for promotional or fundraising materials and events.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Transportation Assistance (optional)

I (We) may be able to assist with transportation during Field Trips. I (We) have room for _____ extra people (all riders will use seat belts). I (We) do carry automobile insurance. The best time to reach me (us) is _____ and the best phone number to reach me (us) is _____.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

Note: For joint custody cases, **both** parent/guardian signatures are required.

**Juneau Montessori School
Agreement of Parental Responsibilities**

1. I/we agree to remain well informed throughout the year and read all the information published and/or furnished electronically by the Juneau Montessori School (JMS) and inform JMS staff of the best way to provide me/us with school news and information.
2. I/we agree to promptly submit required paperwork as requested by the administrative offices or classroom teachers.
3. I/we agree to provide updated information as needed on emergency cards and immunization records.
4. I/we agree to read any and all information provided by JMS regarding policies, fees, and financial requirements and agree to request further information or clarification when needed.
5. I/we agree to read and understand all financial arrangements made to and by JMS and to keep a copy of all arrangements and receipts.
6. I/we agree to meet financial obligation to JMS promptly.
7. I/we agree to be active participants in school functions including fundraising events or contribute \$480 per year to the Parent Involvement Program, whether my child attends for the academic year or the calendar year.

Name of Child Enrolled in JMS

Name of Parent/ Guardian Date

Name of Parent/ Guardian Date

Note: In case of joint custody, both parents' or guardians' signatures are required