



# FAMILY ENROLLMENT FORM

Emergency Contact _____ RELATIONSHIP TO CHILD _____	Emergency Contact _____ RELATIONSHIP TO CHILD _____
Last Name                      First Name                      MI	Last Name                      First Name                      MI
Street Address	Street Address
City                                      State                      ZIP Code	City                                      State                      ZIP Code
Home Phone                                      Cell Phone	Home Phone                                      Cell Phone
Employer Name & Address	Employer Name & Address
Work Phone / Ext.	Work Phone / Ext.
Email Address	Email Address

## CHILD INFORMATION

Last Name                      First Name                      MI	Dentist                                      Phone
Date of Birth                      Sex                                      Ethnicity	Doctor                                      Phone
Insurance Provider                                      Policy Number	Most Recent Physical
Known Allergies	
Potty Trained Since	Prior Montessori Experience

WINDSOR DISCOVERY CENTER / WINDSOR MONTESSORI SCHOOL  
 TELEPHONE: 860.285.1400 FAX 860.285.1440  
[www.windsormontessorict.com](http://www.windsormontessorict.com)



**EMERGENCY CONTACT INFORMATION**

Emergency Contact _____			Emergency Contact _____		
RELATIONSHIP TO CHILD			RELATIONSHIP TO CHILD		
Last Name	First Name	MI	Last Name	First Name	MI
Street Address			Street Address		
City	State	Zip Code	City	State	Zip Code
Home Phone	Cell Phone		Home Phone	Cell Phone	
Employer Name & Address			Employer Name & Address		
Work Phone / Ext.			Work Phone / Ext.		
Emergency Contact: <input type="checkbox"/>			Emergency Contact: <input type="checkbox"/>		
Ok to Pick Up Child: <input type="checkbox"/>			Ok to Pick Up Child: <input type="checkbox"/>		

**Emergency Care Authorization**

I certify that I am the parent or legal guardian of the child or children named above and give consent for emergency medical care, surgical treatment, and/or transportation to a care facility should my child's condition require it in my absence. I understand that, time and conditions permitting, reasonable attempts will first be made to contact me and any designated representatives in such a case. I hereby assume all financial responsibility for such actions taken on the behalf of my child.

Parent / Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY				
Wait List:	Program:	Teacher:	Summer Program:	Start Date:
Family Agreement Signed:	Family Permission Signed:	Physical Date:		
Enrolled in CCM by:	Door Code (s):	Registration fee:	Deposit:	Tuition:

## 2018 Summer Program Parent/Family Agreement

The following weeks and schedules are available. Please register for each week you will need to use the summer program. You are obligated to pay for all the weeks you have checked on the Monday of that particular week.

### AVAILABLE WEEKS

- |  |   |  |
|--|---|--|
| <input type="radio"/> June 18 <sup>th</sup> -22 <sup>nd</sup>        | <input type="radio"/> June 25 <sup>th</sup> – 29 <sup>th</sup>  | <input type="radio"/> July 2 <sup>nd</sup> – 6 <sup>th</sup>     |
| <input type="radio"/> July 9 <sup>th</sup> – 13 <sup>th</sup>        | <input type="radio"/> July 16 <sup>th</sup> – 20 <sup>th</sup>  | <input type="radio"/> July 23 <sup>rd</sup> – 27 <sup>th</sup>   |
| <input type="radio"/> July 30 <sup>th</sup> – August 3 <sup>rd</sup> | <input type="radio"/> August 6 <sup>th</sup> – 10 <sup>th</sup> | <input type="radio"/> August 13 <sup>th</sup> – 17 <sup>th</sup> |

### PROGRAMS

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Preschool                               | <input type="radio"/> 8:30 am – 12:00 pm <b>\$150</b> | <input type="radio"/> 6:45 am – 5:30 pm <b>\$275</b> |
| <input type="checkbox"/> Kindergarten / 1 <sup>st</sup> Grade    | <input type="radio"/> 8:30 am – 4:30 pm <b>\$215</b>  | <input type="radio"/> 6:45 am – 5:30 pm <b>\$235</b> |
| <input type="checkbox"/> 2 <sup>nd</sup> – 3 <sup>rd</sup> Grade | <input type="radio"/> 8:30 am – 4:30 pm <b>\$215</b>  | <input type="radio"/> 6:45 am – 5:30 pm <b>\$235</b> |
| <input type="checkbox"/> 4 <sup>th</sup> – 5 <sup>th</sup> Grade | <input type="radio"/> 8:30 am – 4:30 pm <b>\$215</b>  | <input type="radio"/> 6:45 am – 5:30 pm <b>\$235</b> |

### FORMS NECESSARY FOR SUMMER REGISTRATION:

- ✓ Enrollment Form - for all new and returning summer families.
- ✓ Enrollment Confirmation Form - for all currently enrolled families.
- ✓ Physical Form – to be completed within one year of registration.
- ✓ Non-prescription Topical Medication Form (sun screen & bug spray).
- ✓ Authorization of Prescription Medication Form (if applicable).
- ✓ Summer Program Parent/Family Financial Agreement Form.
- ✓ Summer Program Parent/Family Permission Form.

**Parent / Legal Guardian's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Office Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

*\*A SIGNED COPY OF THIS FORM BECOMES VERIFICATION OF YOUR SUMMER REGISTRATION.*

*\*\*ALL ADDITIONAL FORMS LISTED ABOVE MUST BE COMPLETE PRIOR TO THE FIRST DAY OF SUMMER PROGRAMMING*



## Summer Program Parent/Family Financial Agreement

I request to enroll my child \_\_\_\_\_ in the summer program for a weekly tuition of \$\_\_\_\_\_. Payment is due on the Monday of each week that I have registered for during the summer program.

### Please Initial Each Line

— I understand that fees for *Windsor Discovery Center & Windsor Montessori School* are payable weekly every Monday. Failure to make payment by the Wednesday will result in \$10 late payment fee.

— I understand any check returned from the bank will incur a \$25.00 return check fee.

— I understand that I am responsible for tuition payment regardless of my child's absence from the program.

— I understand that my deposit/registration and field trip fees are non-refundable and non-transferrable for any reason.

— I understand I am responsible to pay for all the weeks I have registered for.

— In the event that payment is not made and the Town of Windsor must resort to collection, I agree to pay reasonable attorney's fee incurred by the Town to enforce this agreement.

\*\*\*\*\***Kindergarten-5th Grade Only**\*\*\*\*\*

— I agree to pay for all field trips in the amount of \$12.00 per week. My field trip fee is \$12.00 X \_\_\_\_\_ = \_\_\_\_\_ to be paid in full upon enrollment so my child's space can be confirmed for each filed trip. ***This may be paid in cash or a check, separate from the tuition.***

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



## Summer Program Parent/Family Permission

I \_\_\_\_\_, grant the following permission's for my child \_\_\_\_\_.

**Please read and initial each line.**

\_\_\_\_\_ FIELD TRIP PERMISSION: To participate in field trips, on foot or in an authorized vehicle, as scheduled and posted by Windsor Discovery Center.

\_\_\_\_\_ INTERNAL RELEASE OF INFORMATION: I hereby give permission for my child's name, address, and telephone number to be included in the classroom list distributed to other Windsor Discovery Center parents.

\_\_\_\_\_ PHOTO PERMISSION: I hereby consent that Windsor Montessori School and Discovery Center and the Town of Windsor or any person authorized by the Town may use photographic, social media, videotape images and/or voice recordings, and classroom work in which my child may be included in whole or in part for any purpose they find appropriate such as promotional marketing material and post's on social media sites like Facebook, Twitter, Instagram, and YouTube.

\_\_\_\_\_ MEDICAL/FIRST AID TREATMENT: I hereby give permission for my child to receive first aid treatment for minor injuries from Windsor Discovery Center staff. Written permission is required for the application of any topical ointments and all prescription medications. (See list of forms required for summer program.)

\_\_\_\_\_ BEHAVIOR PLAN/CHILD DISCIPLINE POLICY: The schools behavior plan has been discussed with me upon registration. I've had an opportunity to ask any related questions. I understand the school uses a positive discipline approached and redirection. If my child's behavior requires additional support I will be involved in the process of creating an individualized behavior plan for my child.

\_\_\_\_\_ SWIM PERMISSION: My child has permission to participate in wading/swimming activities in a Town of Windsor Pool.

\*\*\*\*\***Kindergarten-5th Grade Only**\*\*\*\*\*

- |   |                 |       |
|---|-----------------|-------|
| <input type="checkbox"/> Can your Child Swim?   | YES             | NO    |
|   | <i>Initials</i> |       |
| <input type="checkbox"/> If No you agree to provide a US Coast Guard Approved Flotation Device. | _____           | _____ |
| <input type="checkbox"/> I give my child permission to go off the diving board.                 | _____           | _____ |

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