

# enrollment packet

***Peoria Horizons Charter School***

Kindergarten – 8<sup>th</sup> Grade

11820 N. 81<sup>st</sup> Ave

Peoria, Arizona 85345

623-979-3559

[www.horizonschools.com](http://www.horizonschools.com)

*(charter)*

***Back-to-Basics Charter School***

Kindergarten – 8<sup>th</sup> Grade

1529 W. McDowell Road

Phoenix, Arizona 85007

602-253-8799

[www.horizonschools.com](http://www.horizonschools.com)

*(charter)*

***Montage Montessori Academy***

Preschool – 4<sup>th</sup> Grade

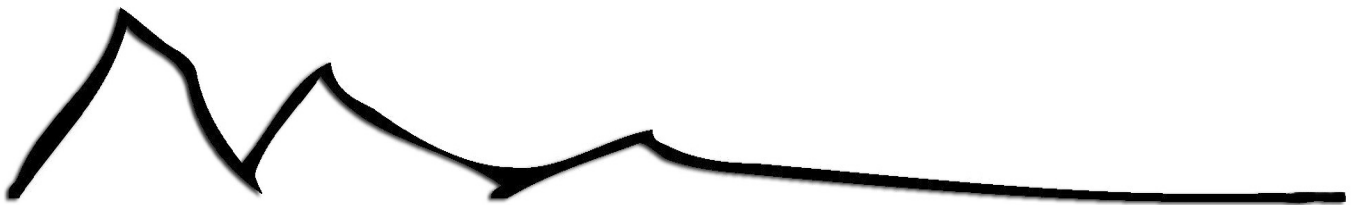
32619 N. Scottsdale Road

Scottsdale, Arizona 85266

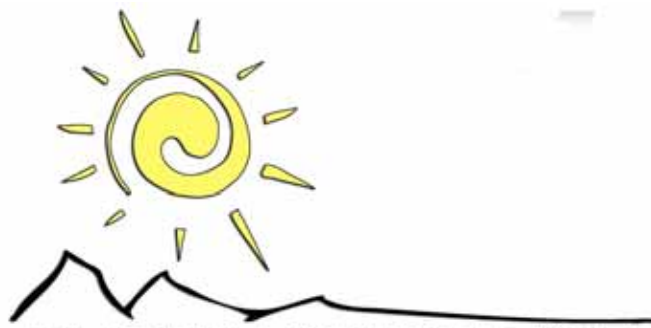
480-488-0215

[www.montageacademy.com](http://www.montageacademy.com)

*(private & charter)*



THE HORIZONS ASSOCIATION OF SCHOOLS



THE HORIZONS ASSOCIATION OF SCHOOLS

## ENROLLMENT PROCEDURE

**FAMILY ORIENTATION:** AN ORIENTATION FOR ALL GUARDIANS AND CHILDREN DONE THROUGH SCHOOL TOUR OR OPEN HOUSE.

**ENROLLMENT:** CAREFULLY STUDY THE ENROLLMENT PACKET TO FULLY UNDERSTAND THE PROGRAM, AND ALL PARENTAL AND STUDENT RESPONSIBILITIES. THOROUGHLY DISCUSS ALL ASPECTS OF THE EDUCATIONAL COMMITMENT WITH YOUR CHILD AND ALL OTHER INVOLVED MEMBERS OF THE FAMILY.

### ENROLLMENT PROCESS

CONTACT THE SCHOOL ADMISSION PERSONNEL TO DISCUSS AVAILABLE PROGRAMS AND TO ANSWER ANY ADDITIONAL QUESTIONS. BRING THE FULLY COMPLETED ENROLLMENT PACKET AND REQUIRED DOCUMENTS TO THE SCHOOL OFFICE. YOU MUST INCLUDE THE FOLLOWING:

¶ **ENROLLMENT PACKET:**

ALL PAGES MUST BE COMPLETED **IN FULL**, INCLUDING SIGNATURES AND/OR INITIALS WHERE REQUESTED.

¶ **BLUE CARD:**

FULLY COMPLETE BOTH FRONT AND BACK. PLEASE REMEMBER TO INCLUDE AREA CODES FOR PHONE NUMBERS, THE CITY FOR GIVEN ADDRESSES, AND TO SIGN AND DATE IN ALL PLACES WHERE REQUESTED.

¶ **BIRTH CERTIFICATES:**

THIS MUST BE A STATE-CERTIFIED COPY. WE WILL MAKE A COPY AND RETURN THE ORIGINAL TO YOU.

¶ **LEGAL DOCUMENTS:**

THESE ARE NEEDED TO SUPPORT LEGAL NAME CHANGES, ADOPTION, GUARDIANSHIP, CUSTODY, ETC. WE WILL MAKE A COPY OF THESE AND RETURN THE ORIGINALS TO YOU.

¶ **IMMUNIZATION RECORDS:**

A COPY FROM YOUR PHYSICIAN OR THE COMPLETION OF THE TOP OF THE BLUE CARD WITH YOUR PHYSICIAN'S SIGNATURE IS REQUIRED. (PLEASE ENSURE YOUR CHILD IS UP TO DATE ON ALL IMMUNIZATIONS).

¶ **HEARING & VISION TEST RECORDS FROM THE SCHOOL OR PERSONAL PHYSICIAN.**

¶ **WITHDRAWAL FORM FROM PREVIOUS SCHOOL:**

IF YOUR CHILD PREVIOUSLY ATTENDED A SCHOOL IN ARIZONA, THEY SHOULD HAVE PROVIDED YOU WITH A COPY OF THE WITHDRAWAL FORM. IF NOT, YOU MUST CONTACT THEM FOR A COMPLETED COPY OF THIS FORM.

¶ **COPY OF IEP, IF APPLICABLE**

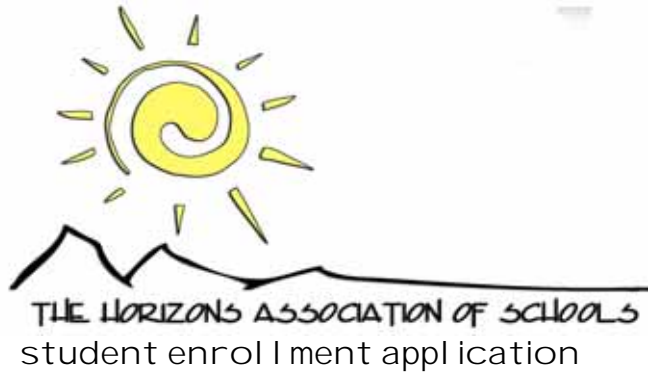
***UPON MUTUAL AGREEMENT OF THE BEST PLACEMENT AND PROGRAM FOR THE STUDENT, AND AVAILABILITY OF SPACE, ENROLLMENT WILL THEN BE INITIATED. THE DATE OF COMPLETED ENROLLMENT WILL THEN BE STAMPED ON THE PACKET. ENROLLMENTS ARE BASED ON A FIRST-COME-FIRST-SERVED APPROPRIATE PLACEMENT BASIS.***

**ENROLLMENT PRIORITY BASIS**

**A.** ELEMENTARY STUDENTS CURRENTLY ENROLLED HAVING COMPLETED ALL RE-ENROLLMENT REQUIREMENTS BY THE DESIGNATED DATE.

**B.** SIBLINGS OF CURRENTLY ENROLLED FAMILIES THAT ARE IN GOOD STANDING WITH THE SCHOOL, HAVING FULLY COMPLETED THE ENROLLMENT PROCESS BY THE DESIGNATED DATE.

**C.** NEWLY ENROLLED FAMILIES HAVING FULLY COMPLETED THE ENROLLMENT PROCESS, AGREEING UPON PLACEMENT AND PLACED IN LINE FOR AVAILABLE SPACES.



new student (This student has never been enrolled at A Horizons School)	YES _	NO _
returning student (This student has previously been enrolled in a Horizons School)	YES _	NO _
expelled student (This student has been expelled or is currently under suspension from this district, or an other district.)	YES _	NO _

*Note: Applications for new students cannot be processed without a copy of your child's immunization records, birth certificate, complete transcript (if applicable) and psychological reports.*

please enroll my child for the school year of _____ / _____			
child's full name ( <i>First, Middle, Last</i> )			child's social security #
date of birth	age as of dec.31	current grade	school district of residence

<b>parent/guardian contact information</b>	
full name & address of mother / guardian / spouse	home phone
	work phone
	cell phone
	emergency contact #
	e-mail
full name & address of father / guardian / spouse	home phone
	work phone
	cell phone
	emergency contact #
	e-mail

<b>current school information</b>	
current school name	previous school name
mailing address	mailing address
city / state / zip	city / state / zip
home	phone

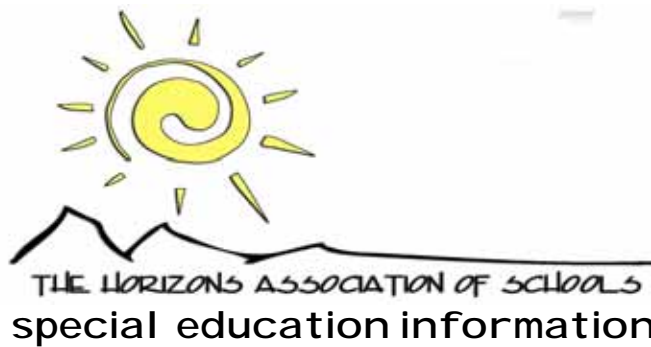


## developmental and academic history

child's full legal name		child's social security #	
most recent school		school district	current grade
teacher's name	last school's student id #	sals-government student id#	

complete school attendance record <i>(all fields must be completed)</i>			
grade / Age	dates attended	school name	reason for leaving

<i>Initial the appropriate column &amp; provide full explanations where needed. Please answer every question.</i>			
question	yes	no	explanation
Has your child had a vision exam?			most recent date
Have you noticed any hearing difficulties?			describe
Does your child have any physical limitations?			describe
Has your child ever been suspended?			note reason given
Has your child ever been expelled?			note reason given
child's strengths	areas of concern		strong academic subjects
		subjects needing attention	



Has your child ever been evaluated for a special program?	yes	no	results:
Has your child attended a Special Education Class in the last 5 years?	yes	no	
Which type of class or service did your child attend? <i>(circle all that applies and provide copies of corresponding IEP &amp; Psychological Reports with this application, or make arrangements for Horizons to obtain this information. Applications will NOT be processed without this information.)</i>			
<i>Speech</i>	<i>Adapted PE</i>	<i>OT</i>	<i>PT</i> <i>Other</i>
What was the last date your child was in a Special Education class or received services?	month of class/service		year of class/service
school name & address			
Has your child ever had an IEP? (Individualized Educational Program through a Special Education referral)	yes	no	at which school?
Does your child currently have an IEP in effect?	yes	no	at which school?
Copy of last IEP enclosed?	yes	no	date of last iep meeting: <i>(month/day/year)</i>
Was your child ever in any special programs? (Chapter 1, Gifted, etc)	yes	no	please list
Has your child been under the care of a psychologist or family counselor?	yes	no	name
Are any daily medications required?	yes	no	name of medication / purpose
Please circle which legal guardian the student resides with: PARENTS MOTHER FATHER GRANDPARENT			
OTHER:			
legal guardian's name (first & last)		legal guardian's Address	
home telephone #		email address	
work telephone #			
Does your child have a current 504 Accommodation Plan? <i>(if yes, please enclose a copy of the 504 Plan which is required to process this application.)</i>	yes	no	Describe:



student record transmittal request

school student last attended
Name of School
Street Address
City / State / Zip

I hereby request and authorize the release of any medical information, educational records, psychological reports or other pertinent data you may have, or may receive, that would aid in providing appropriate educational services for my child.

Student Name	Date of Birth
School Attended	Grade(s) Attended
Signature of Parent	Date

all psychological / confidential data will be maintained as such.  
parents will have access to all student records.

**Information released to:**  
Montage Montessori Academy  
32619 N. Scottsdale Rd., Scottsdale, AZ 85262  
phone: 480-488-0215 FAX: 480-488-0241

date requested	records department use only by (initials)	date received
1 <sup>st</sup>		
2 <sup>nd</sup>		IEP? Yes ___ No ___
3 <sup>rd</sup>		504? Yes ___ No ___

**32619 N. Scottsdale Rd., Scottsdale #111-115, AZ 85266**  
**Phone: 480-488-0215 Fax: 480-488-0241 Email:**  
[\*\*info@montageacademy.com\*\*](mailto:info@montageacademy.com)  
**Visit us on the web @ [www.montageacademy.com](http://www.montageacademy.com)**



## notification of rights for elementary and secondary schools

The Family Educational Rights and Privacy Act (FERPA) affords parents and students over 18 years of age ("eligible students") certain rights with respect to the student's education records. These rights are:

1. The right to inspect and review the student's education records within 45 days of the day the School receives a request for access. Parents or eligible students should submit to the School principal [or appropriate school official] a written request that identifies the record(s) they wish to inspect. The School official will make arrangements for access and notify the parent or eligible student of the time and place where the records may be inspected.
2. The right to request the amendment of the student's education records that the parent or eligible student believes are inaccurate or misleading. Parents or eligible students may ask the School to amend a record that they believe is inaccurate or misleading. They should write the School principal [or appropriate official], clearly identify the part of the record they want changed, and specify why it is inaccurate or misleading. If the School decides not to amend the record as requested by the parent or eligible student, the School will notify the parent or eligible student of the decision and advise them of their right to a hearing regarding the request for amendment. Additional information regarding the hearing procedures will be provided to the parent or eligible student when notified of the right to a hearing.
3. The right to consent to disclosures of personally identifiable information contained in the student's education records, except to the extent that FERPA authorizes disclosure without consent. One exception, which permits disclosure without consent, is disclosure to school officials with legitimate educational interests. A school official is a person employed by the School as an administrator, supervisor, instructor, or support staff member (including health or medical staff and law enforcement unit personnel); a person serving on the School Board; a person or company with whom the School has contracted to perform a special task (such as an attorney, auditor, medical consultant, or therapist); or a parent or student serving on an official committee, such as a disciplinary or grievance committee, or assisting another school official in performing his or her tasks. A school official has a legitimate educational interest if the official needs to review an education record in order to fulfill his or her professional responsibility. [Optional] Upon request, the School discloses education records without consent to officials of another school district in which a student seeks or intends to enroll.

[NOTE: FERPA requires a school district to make a reasonable attempt to notify the parent or eligible student of the records re-quest unless it states in its annual notification that it intends to forward records on request.]

4. The right to file a complaint with the U.S. Department of Education concerning alleged failures by the School to comply with the requirements of FERPA. The name and address of the Office that administers FERPA are:

**Family Policy Compliance Office  
U.S. Department of Education  
400 Maryland Avenue, SW  
Washington, DC 20202-4605**

[NOTE: In addition, an institution may want to include its directory information public notice, as required]

**32619 N. Scottsdale Rd., Scottsdale, AZ 85266**  
**Phone: 480-488-0215 Fax: 480-488-0241 Email: [info@horizonschools.com](mailto:info@horizonschools.com)**  
**Visit us on the web @ [www.horizonschools.com](http://www.horizonschools.com)**

## horizons association of school s grant survey form

<b>MANDATORY HOME LANGUAGE SURVEY</b> UPON ENROLLING IN ANY ARIZONA SCHOOL DISTRICT, A "HOME LANGUAGE SURVEY" IS TO BE COMPLETED BY THE PUPIL'S PARENTS OR GUARDIAN INDICATING LANGUAGE USED BY THE PUPIL OR FAMILY. THE ARIZONA REVISED STATUTES (ARS 15-756) AND BOARD RULES (R 7-2-306 B&C) REQUIRE PUBLIC SCHOOLS IN ARIZONA TO USE A "HOME LANGUAGE SURVEY" TO DETERMINE IF A PUPIL'S NATIVE LANGUAGE IS OTHER THAN ENGLISH. ANY PUPIL WHOSE NATIVE LANGUAGE IS OTHER THAN ENGLISH, AS DETERMINED BY THE "HOME LANGUAGE SURVEY," SHALL BE ASSESSED FOR ENGLISH LANGUAGE PROFICIENCY BY USING STANFORD ENGLISH PROFICIENCY EVALUATION BY HARCOURT WITHIN 30 CALENDAR DAYS OF ENROLLMENT IN THE SCHOOL DISTRICT.	
what is your child's primary language?	
which language did your child first learn to speak?	
which language does your child use most frequently at home?	
which language do you most frequently use to speak to your child?	
which language is most often spoken by the adults in your home?	
state of birth (if u.s.)	country of birth
<b>usa school enrollment</b> <i>This student has been enrolled in any USA school district for:</i> Less than 1 school year ___ 1 full school year ___ 2 school years ___ 3 school years ___ 4 school years ___ 5 school years ___ Date first enrolled in any Arizona school _____	
<b>VOLUNTARY GRANT SURVEY QUESTIONS</b> DATA PROVIDED IN THE SECTION BELOW IS <u>VOLUNTARY</u> , BUT CONTRIBUTES VALUABLE INFORMATION WHICH WILL AID OUR SCHOOL GREATLY IN QUALIFYING FOR ADDITIONAL FUNDS, AND/OR ENABLING US TO PROVIDE ADDITIONAL EDUCATIONAL OPTIONS FOR YOUR CHILD.	
<b>parent education level</b> (Please give the response that describes the education level of the most educated parent)	
___ Not a High School Graduate	___ College Graduate
___ High School Graduate	___ Graduate School / Post Graduate Training
___ <b>Some</b> College (includes AA Degree)	___ Decline to State or Unknown
<b>household information</b>	
Please enter the approximate annual income for the student's household: _____ / year.  <i>DECLINE TO STATE</i> ___	
I understand that failure to complete this voluntary application <i>truthfully</i> constitutes falsification of information and will result in denial of enrollment or immediate de-enrollment of the student.	
Parent / Guardian Signature _____ Date _____	

Thank You!



# 2008-2009 TUITION RATES & FEES

<i>Programs</i>	Private School  2 year olds (Age 2 by the 1 <sup>st</sup> day of school)	Private School  3 & 4 year olds (3 or 4 by the 1 <sup>st</sup> day of school)	Charter School Morning Kindergarten (5 by Dec. 31 <sup>st</sup> )  Private School Afternoon Discovery Program	Charter School Elementary 1 <sup>st</sup> - 4 <sup>th</sup> Grade  (expanding 1 grade per year up to 8 <sup>th</sup> Grade)
<b>Annual Program/Curriculum Support Fee</b> (Due w/yearly Commitment Packet - Non-Refundable)	<b>\$250</b>	<b>\$250</b>	<b>\$100</b> for Afternoon Discovery Program	Included as Part of Charter Program
<b>ADVENTURE CLUB Activity Program Fee</b> (due by July 1 <sup>st</sup> , 2008)	<b>\$250</b> <small>(All students participate in this program. Az. Tax Credits may be used for these opportunities)</small>	<b>\$250</b> <small>(All students participate in this program. Az. Tax Credits may be used for these opportunities)</small>	<b>\$250</b> <small>(All students participate in this program. Az. Tax Credits may be used for these opportunities)</small>	<b>\$250</b> <small>(All students participate in this program. Az. Tax Credits may be used for these opportunities)</small>
<b>Before School BREAKFAST CLUB (7:00a.m.-8:00a.m.)</b>	<b>\$480/yr</b> or 10 payments of <b>\$50/mo</b> beginning Aug 1 <sup>st</sup>  or <b>\$20 per registered day/mo</b>	<b>\$480/yr</b> or 10 payments of <b>\$50/mo</b> beginning Aug 1 <sup>st</sup>  or <b>\$20 per registered day/mo</b>	<b>\$480/yr</b> or 10 payments of <b>\$50/mo</b> beginning Aug 1 <sup>st</sup>  or <b>\$20 per registered day/mo</b>	<b>\$480/yr</b> or 10 payments of <b>\$50/mo</b> beginning Aug 1 <sup>st</sup>  or <b>\$20 per registered day/mo</b>
<b>FULL DAY PROGRAM (8:00a.m.-3:00p.m.) (M-F 5 days a week)</b> (includes Catered Lunch + Snack Program)	<b>\$8,200/yr</b> <small>(5% discount off of tuition)</small>  or 10 payments of <b>\$860/mo</b> beginning Aug 1 <sup>st</sup>  <small>Yearly payments are only offered for full year enrollment and are due August 1st</small>	<b>\$6,537.50/yr</b> <small>(5% discount off of tuition)</small>  or 10 payments of <b>\$685/mo</b> beginning Aug 1 <sup>st</sup>  <small>Yearly payments are only offered for full year enrollment and are due August 1st</small>	<b>Morning Program 8:00-11:00 FREE (no lunch)</b>  <b>Pvt. School Afternoon Discovery Program (11:00 - 3:00)</b> Includes Lunch/Snack <b>\$3,592.50/yr</b> <small>(5% discount)</small> or 10 payments of <b>\$375/mo</b> beginning Aug 1 <sup>st</sup>	<b>Academic Program FREE</b>  <small>All Students at Montage participate in our</small> <b>Lunch/Snack Program \$570 / yr.</b> <small>(5% disc. if paid by Aug. 1st)</small> or 10 payments of <b>\$60/mo</b> beginning Aug 1 <sup>st</sup>
<b>HALF DAY PROGRAM (8:00 a.m.-11:00 a.m.) (M-F 5 days per week)</b> <small>(no lunch available)</small>	<b>\$5,700/yr</b> <small>(5% discount off of tuition)</small> or 10 payments of <b>\$600/mo</b> beginning Aug 1 <sup>st</sup>	<b>\$4,037.50/yr</b> <small>(5% discount off of tuition)</small> or 10 payments of <b>\$425/mo</b> beginning Aug 1 <sup>st</sup>	<b>Morning Program 8:00-11:00 FREE (no lunch)</b>	<b>Not Available</b>
<b>3 FULL DAYS 8:00-3:00 MWF Only</b> (includes Lunch/Snack)	<b>\$6,100/yr</b> <small>(5% discount off of tuition)</small> or 10 payments of <b>\$640/mo</b> beginning Aug 1 <sup>st</sup>	<b>\$5,150/yr</b> <small>(5% discount off of tuition)</small> or 10 payments of <b>\$540/mo</b> beginning Aug 1 <sup>st</sup>	<b>Not Available</b>	<b>Not Available</b>
<b>2 FULL DAYS 8:00-3:00 TTh Only</b> (includes Lunch/Snack)	<b>\$4,287.50/yr</b> <small>(5% discount off of tuition)</small> or 10 payments of <b>\$450/mo</b> beginning Aug 1 <sup>st</sup>	<b>\$3,575/yr</b> <small>(5% discount off of tuition)</small> or 10 payments of <b>\$375/mo</b> beginning Aug 1 <sup>st</sup>	<b>Not Available</b>	<b>Not Available</b>
<b>After School Opportunities Program (3:00 - 5:00 p.m.)</b>	<b>\$1,900/yr</b> or 10 payments of <b>\$200/mo</b> beginning Aug 1 <sup>st</sup>  or <b>(\$50/day of enrollment)</b>	<b>\$1,900/yr</b> or 10 payments of <b>\$200/mo</b> beginning Aug 1 <sup>st</sup>  or <b>(\$50/day of enrollment)</b>	<b>\$1,900/yr</b> or 10 payments of <b>\$200/mo</b> beginning Aug 1 <sup>st</sup>  or <b>(\$50/day of enrollment)</b>	<b>\$1,900/yr</b> or 10 payments of <b>\$200/mo</b> beginning Aug 1 <sup>st</sup>  or <b>(\$50/day of enrollment)</b>

**Dress Code:** There are no uniforms at Montage, however appropriate school attire and sport shoes are required.

Enrollment constitutes acceptance of the Full Year Financial Commitment and Contract. Yearly amounts are available for full year enrollment and are due by August 1<sup>st</sup>. Later enrollments have a monthly payment option. Monthly payments of the full year's commitment are offered as a courtesy and are not reflective of actual days of attendance. Full payment of all fees is due on the first day of each month irrespective of holiday closings. Accounts with a remaining balance as of the 2<sup>nd</sup> will be automatically assessed at a 10% late fee on the remaining balance. Any accounts over 2 weeks late will necessitate suspension of paid services (attendance/participation). The student may resume paid services upon bringing their account current including all assessed late fees.





Montage Montessori Academy  
(Private School)  
Enrollment & Supplemental Services agreement

Academic Year: \_\_\_\_\_ / \_\_\_\_\_

THIS AGREEMENT is entered into by and between Montage Montessori Academy ("School") and the parent or guardian ("parent") whose signature(s) appear(s) below.

IN CONSIDERATION OF their mutual promises set forth herein, the parties hereto accept the following terms and conditions governing enrollment and attendance at the School for either the academic program or any enrolled supplemental services.

1. The parent agrees to enroll his or her child ("student"), \_\_\_\_\_ (name), in the Academic Program for the entire Academic School Year.
2. The parent and the student agree to follow and adhere to the policies, rules and regulations of the School as currently set forth in the Statement of Services, Emergency Health Form, and such other rules and regulations as may be promulgated hereafter by the School.
3. The parent understands that enrollment in the School is dependent upon the following:
  - a. Orientation of parents and student to our program and philosophy via literature, as well as a tour.
  - b. Receipt of the fully completed enrollment packet.
  - c. Student visitation day and placement testing (where applicable)
  - d. Parents and student acceptance of the School's proposed academic placement and available program.
4. The parent and student agree that continued enrollment is dependant upon the family's support of the educational process. Continued classroom disruption, failure to adequately support the afternoon program guidelines, or dangerous school behavior is grounds for dismissal. Inappropriate or disrespectful behavior by a parent toward any staff or other students or their parents is also grounds for dismissal.
5. The parent understands and agrees that the student is enrolled for the entire school year, or such portion as may remain after the date of entrance, unless, by July 1<sup>st</sup>, \_\_\_\_ (year), the parent notifies the School IN WRITING that the student will not be in attendance for the coming academic year. Non-refundable Fees are not able to be returned. Remaining balances will be turned over for collection and reporting to Credit Bureaus.  
Initial: \_\_\_\_\_
6. The parent understands and agrees that enrollment in any supplemental programs is for the full term of the program and agrees to accept full financial responsibility despite any necessary changes to enrollment or participation. Remaining balances will be turned over for collection and reporting to Credit Bureaus.  
Initial: \_\_\_\_\_
7. The parent understands and agrees that future participation in any programs at Montage will not be accepted until all accounts have been brought current, including all late payment charges, legal, and collection fees.  
Initial: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent of Guardian

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
For Montage Academy

\_\_\_\_\_  
Date (month, day, year)



THE HORIZONS ASSOCIATION OF SCHOOLS

enrollment information update

Academic Year: 2008-2009

Please forward any changes that should be made to your file:

child's full name (First, Middle, Last)		child's social security #	
date of birth	age as of Sept. 1, 2008	current State grade Level	Student ID Number

**PARENT/GUARDIAN CONTACT INFORMATION**  
Please fill out this area again completely

full name & address of mother / guardian / spouse	home phone
	work phone
	cell phone
	emergency contact #
	e-mail
full name & address of father / guardian / spouse	home phone
	work phone
	cell phone
	emergency contact #
	e-mail

**PRIMARY EMERGENCY CONTACT**  
Please fill out this area again completely

FIRST & LAST NAME	home phone
	work phone
	cell phone
	emergency contact #
	e-mail

Please initial the appropriate box

There have been updated immunization, vision, and/or hearing records - (please attach)	YES _____	NO _____
There have been changes to our Pick-Up Names - (please attach)	YES _____	NO _____
There have been medical or Allergy changes - (please attach all necessary information)	YES _____	NO _____
Additional Special Needs have been identified - (please attach details)	YES _____	NO _____
We have attached the appropriate non-refundable Program/Curriculum Support Fee to continue our enrollment position.	YES _____	NO _____
We will forward the Adventure Club Activity Fee by July 1 <sup>st</sup> so that the school can make the necessary arrangements for the year., and understand that this must be received by July 1 <sup>st</sup> as an indication of our continued enrollment commitment and maintain our enrollment position.	YES _____	NO _____
Our continued enrollment supports that Tuition is due in the School office no later than the 1 <sup>st</sup> of every month, beginning August 1 <sup>st</sup> , and understands that a 10% Late Payment Fee will be assessed automatically on the 2 <sup>nd</sup> of every month to all unpaid balances with removal after 2 weeks.	YES _____	NO _____
We have attached the completed Supplemental Services Agreement to reserve our position in additional programs and agree to it as a financial contract and commitment for the entire year.	YES _____	NO _____



**consent for medical / surgical emergency treatment  
& medical information form**

<b>consent for medical / surgical emergency treatment &amp; medical information form</b>	
In presenting my (our) child for diagnosis and treatment	PARENT INFORMATION
Name: _____ MALE ( ) FEMALE ( )	Name: _____
Birth Date: _____	Address: _____
<p>I / We, as parents/guardians,</p> <p>_____</p> <p>Name</p> <p>_____</p> <p>Name</p> <p>hereby voluntarily consent to the rendering of such care and medical treatment, including diagnostic procedures and blood transfusions, by authorized pre-hospital personnel and members of the hospital staff, as may in their professional judgment be necessary or in the best interest of my child.</p> <p>I hereby acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on child's condition.</p> <p>I have read this form and I certify that I understand its contents. In addition, I / we hereby give my (our) consent to:</p> <p>_____</p> <p>Name of Person / Agency</p> <p>who will be caring for my (our) Son / Daughter</p> <p>for the period _____ to _____</p> <p>to arrange for routine or emergency medical /dental care and treatment necessary to preserve the health of my (our) child.</p> <p>I / we acknowledge that I am (we are) responsible for all reasonable charges in connection with care and treatment rendered during this period.</p> <p>Signature _____ Mother ( ) Father ( ) Legal Guardian ( )</p> <p>Date: _____</p>	Emergency Contact Name
	Emergency Contact Number
	INSURANCE INFORMATION
	Name of Carrier: _____
	Policy # _____
	PHYSICIAN INFORMATION
	Pediatrician
	Telephone # _____
	Family Physician:
	Telephone # _____
Surgeon:	
Dentist:	
Telephone # _____	
Telephone # _____	
MEDICAL PROBLEMS	
Comments	_____
	_____
	Medications _____
	_____
	Allergies _____
Hospital Preference _____ (if stable)	Date of Last Tetanus Booster _____