



NATURE STORY

MONTESSORI

To provide you and your family with the best services, we need the following information at enrollment:

- **\$150 Non-refundable Registration Fee**
- **Application for Enrollment**
- **Enrollment Contract**
- **Attendance Agreement**
- **Privacy Permission Release**
- **Authorized Release Form**
- **Emergency Contact and Parental Consent Form**
- **OTC Medication Authorization Form**
- **Transportation Authorization and Waiver Form**
- **Program Handbook Receipt Signed**
- **Copy of Immunizations**
- **Copies of Photo ID**
- **Regulations and Documents Available at NatureStoryMontessori.com or Upon Request**

**Thank you for your interest in Nature Story Montessori.
We look forward to serving you and your family soon!**

Sincerely,

Nature Story Montessori

(406) 422-4009



NATURE STORY MONTESSORI

Application for Enrollment

Child's Name: _____ Date: _____

Nickname: _____

Child's Birthday: ____/____/____ Age: ____

Gender: ___ Male ___ Female ___ Unspecified

Address: _____

City: _____ State: _____ Zip: _____

Parent Contact Information

Parent/Guardian Name: _____

Cell Phone: (____) _____ Text: YES NO

Work Phone: (____) _____

Home Phone: (____) _____

Email Address: _____

Parent/Guardian Name: _____

Cell Phone: (____) _____ Text: YES NO

Work Phone: (____) _____

Home Phone: (____) _____

Email Address: _____

Parent with whom the child resides? _____

If there are any custodial arrangements related to the child, please indicate and provide a copy: _____

Is there anyone who has a legal restraining order prohibiting or limiting contact with your child? _____

If yes, please list his/her name and attach the required documentation.

Medications: Does your child take any prescription medications? _____
(If yes, please list name of medication and dosage your child takes (including any medication taken only at home):

Medications must be current and have your child's name stated clearly. We require a signed and dated "Medication Administration" Form or a prescription signed by your physician.

Does your child have any known allergies or food allergies?

Are you concerned that your child may be prone to any type of allergies?
____ (If yes, please describe) _____

Does your child have any speech, hearing, or visual challenges?

Does your child have any known learning challenges?

Does your child have a plan of treatment for their challenges? _____
(If yes, please describe)

Does your child have any medical conditions which we should be made aware of?

Has your child had any common childhood illnesses? (For example, whooping cough)

Would there be any restrictions to play or activities?

About Your Child

You know your child better than anyone else in the world! Please take a moment to complete this profile, as the information will help us know your child better and meet his or her individual needs.

Has your child ever been in child care before? _____

What type (center, family daycare, grandma etc?)_____

Was it a positive experience? _____

Why are you looking for child care?

How does your child feel about daycare and being left by his/her mother/father?

Are there any recent traumatic situations the child has been exposed to such as a death in the family, divorce, new sibling, etc.?

What is your normal method of discipline? (i.e. time out, chair)

What is your child's temperament? Are they easygoing, hard to please, demanding, aggressive, etc.

Can your child be relied upon to indicate bathroom wishes?

What words does your child use?

Bowel movements _____

Urination_____

Has your child had experience playing with other children?

What language(s) are spoken at home?

Does your child have any security objects such as a blanket, soother, bottle, toy etc.?

Please list your child's strengths, interests, and talents.

What are your child's favorite activities, toys, books, or games?

Are there any other comments or information you would like to let us know?

Any specific concerns?

How does your child comfort himself/herself?

What are your child's play interests (preference for creative, dramatic, or construction play)?

I hereby release and agree to indemnify, defend and hold harmless Nature Story Montessori, and their officers, agents, employees and affiliated businesses from and against any and all claims, liabilities, actions, judgments, damages and injuries of any kind and nature whatsoever arising out of or in connection with the provision of child care and educational services for my child including all releases signed throughout the enrollment paperwork. The information above was reviewed with me and all of my questions have been answered to my satisfaction. I have a clear understanding of Nature Story Montessori's policies.

Name of Parent/Guardian: _____

Sign and Date: _____

Nature Story Montessori School does not discriminate on the basis of race, religion, gender, or sexual orientation in its admission policies



NATURE STORY MONTESSORI

Enrollment Contract

Child's Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Please initial each section listed below, then sign and date the last page.

SECTION 1: TUITION AND FEES

_____**REGISTRATION FEE:** I understand that an initial, non-refundable, Registration Fee of **\$150.00** shall be paid in advance to enroll my child. I understand that I may guarantee my child's enrollment for fall by paying a recurring annual **\$75 fee** no later than the specified date each year.

_____**TUITION and MODIFICATIONS CONDITIONS:** I understand that rates are subject to change with reasonable notice as conditions require. I have enrolled my child in the following program(s): See Attached Attendance Agreement.

_____**PAYMENT OF TUITION:** I understand that tuition is due and payable, in advance, on the first day of the month.

_____**LATE OR UNPAID TUITION:** If payment in full is not received by the 5th, I agree to pay a late payment fee of \$25.00. All late fees are subject to change with reasonable notice. I understand that if my account is delinquent, I may be asked to withdraw my child until my account is made current. The school cannot guarantee a child's spot will be held when a child is withdrawn due to non-payment of tuition. Any unpaid tuition fees may be sent to a third-party collection agency.

_____ **BEST BEGINNINGS POLICY:** Proof of Best Beginnings approval is required prior to enrollment. If the application is in process, a deposit may be required. If Best Beginnings monthly payment does not equal the tuition due for the month, you may be liable for the remaining balance.

_____ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** I understand that if I fail to pick up my child by the scheduled closing/pick-up time, I will be charged a late fee of \$15.00 for the first 15 minutes and \$1.00 a minute for each minute after until the child is picked up. This fee increases by \$15 per offense. Should late pick ups continue, the school may withdraw the enrollment of the child at the school's discretion.

_____ **ADDITIONAL FEES:** Activity Fees may be my responsibility. Please consult the Director for details.

_____ **RETURNED CHECKS AND ACH TRANSFERS:** I understand that a **\$40.00** processing fee will be charged to my account for all checks and ACH transfers which are returned for any reason, and this fee is in addition to charges that my bank or financial institution may charge me.

SECTION 2: DAILY PROCEDURES

_____ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every day using the school's attendance procedure. I understand that my child is not permitted to sign him/herself out. I understand that I am required to enter the school to drop off and pick up my child and that I must escort my child to and from the designated staff member each day. In states where a manual signature is required due to state child care licensing regulations, I agree to complete the required computer and manual sign-in and sign-out procedures.

_____ **ILLNESS:** I understand that I will be notified should my child become ill during the day, and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up upon such notification. If my child is exposed to or contracts a contagious disease, I agree to notify the school and I understand that my child will be re-admitted according to the "Re-admission Criteria" in the Family Handbook.

_____ **INTERVIEWING CHILDREN AND INSPECTING RECORDS:** I understand that the state child care regulatory enforcement and administration agency and the local department of social services or child protective services has the authority to interview children or staff, to inspect and audit child or facility records, to interview children privately, to observe the physical condition of the children in the school, to make provisions for the independent medical examination by a licensed physician of any

child, and to contact and instruct any other appropriate authority to do the same, without prior notice or consent by myself or by the school.

_____ ***WITHDRAWAL FROM PROGRAM:** I understand that I must provide a thirty (30 day) written notice of withdrawal from the program. If this notification is not provided, I agree to pay all tuition and fees for thirty (30) days, whether or not my child attends. I understand that when my child is withdrawn, they will only be eligible for re-admission based upon space availability and all other enrollment criteria. If my child is selected for re-enrollment, I will be required to complete an entire new Enrollment Agreement at the current tuition rate and pay a new non-refundable Registration Fee at the current rate. If there is an outstanding balance (including tuition or fees) when my child was withdrawn, I will be required to bring my account current prior to completing a re-enrollment application. I understand all fees (Tuition, Registration, or Activity) are non-refundable.

SECTION 3: HOLIDAYS, ABSENCES AND CLOSINGS

_____ **HOLIDAYS:** All holiday closures are outlined in the yearly calendar. I agree that I *will not* receive a refund, credit or any other allowance for holidays. If a holiday falls on a weekend, it will be observed on either the preceding Friday or the following Monday.

_____ **ABSENCES/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day. I understand that no allowances, credits, refunds, or make up days shall be made for occasional absences (i.e. sickness). My regularly contracted tuition is due for all weeks when my child attends any part of the week. There is no credit given for single days.

_____ **EMERGENCY CLOSING, INCLEMENT WEATHER, PANDEMIC INFORMATION:** I understand that it is Nature Story Montessori's intention to be open and provide child care service every weekday of the year, excluding holidays, but that inclement weather, natural/national disaster, pandemics, major building issues, or any other unforeseen issue that may arise may disrupt service from time to time. I will contact the school to ensure that it is open during inclement weather/natural disaster/pandemic. I agree that in the event that the school is closed for an extended period of time, I will continue to be responsible for my tuition payments.

SECTION 4: STATE LICENSING AND OUR POLICIES

_____ **ALL POLICIES & STATE REGULATIONS:** I understand that the above policies are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I, are bound by state child care regulations, the Program Handbook, and all other company policies, which may be modified at any time, without notice. I also understand that the child care regulations of the state in which my child attends may prevail over these policies when the state regulation is stricter. I further understand that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and state regulations.

_____ **PROGRAM HANDBOOK:** I have read a copy of the Program Handbook and understand its contents and policies and agree to be bound by the same.

_____ **NO MODIFICATIONS:** No terms of this Agreement may be altered, revised, modified or deleted by any person except in cases of policy change or rate change to which both the Director and I must initial. Any alterations, revisions, modifications or deletions of any term of this Agreement are null and void. We do not discriminate based on disability in the admission/enrollment or access to our programs or services. Information concerning the provisions of the Americans with Disabilities Act (ADA), including the rights provided there under, is available from the Director. These policies have been reviewed with me by school management. I understand and will comply with the policies included in the Enrollment Agreement and Program Handbook. The policies in this contract will supersede all other previous documents.

Parent/Guardian Signature: _____

Date: _____

Director Signature: _____

Date: _____



Attendance Agreement

Student's Name: _____

Date of Birth: ____/____/____

Contract Duration: _____

Location:

Helena	Montana City	Boulder
--------	--------------	---------

APPROVED SCHEDULE

	Mon	Tues	Wed	Thurs	Fri
FULL DAY					
AFTER SCHOOL					

Tuition: _____

Parent/Guardian Name: _____

Phone Number: _____

Email: _____

Parent Signature: _____

Date: _____

Director Signature: _____

Date: _____

Nature Story Montessori

Privacy Permission Release

Our first priority is to protect your family's health and safety. To ensure that we are operating with your full understanding and agreement about your privacy, we ask that you grant permission to conduct the following activities.

Please initial each item to which you give your consent, and sign below:

___ Taking photos of you, your spouse, or co-parent and your children at the facility.

___ Using photos and videos of you, your spouse, or co-parent and your children in our marketing promotions.

___ Using photos of you, your spouse, or co-parent and your children on our website and social media.

___ Posting artwork and other crafts that include your children's names around our center.

___ Listing you, your spouse, or co-parent and your children's names in our newsletter and posting this information on our bulletin board.

Child's Name: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____

Nature Story Montessori

Authorized Release Form

RELEASE PERSONS (Must Show Valid ID):

Authorized Person #1: _____

Relationship to Child: _____

Cell Phone: (_____) _____

Authorized Person #2: _____

Relationship to Child: _____

Cell Phone: (_____) _____

Authorized Person #3: _____

Relationship to Child: _____

Cell Phone: (_____) _____

Authorized Person #4: _____

Relationship to Child: _____

Cell Phone: (_____) _____

Does your child attend public school? Yes No

Elementary School Name: _____ Grade: _____

School Address: _____

School Phone: (_____) _____

School Start Time: _____ AM School End Time: _____ AM/PM

School Transportation provided by: Elementary School Parent/Guardian NSM

Circle Days to Attend:

AM: MON TUES WED THU FRI

Arrival Time: _____ Departure Time: _____

PM: MON TUES WED THU FRI

Arrival Time: _____ Departure Time: _____

Parent's Signature/Date

Nature Story Montessori School does not discriminate on the basis of race, religion, gender, or sexual orientation in its admission policies.

State of Montana
Department of Public Health and Human Services
Quality Assurance Division – Licensure Bureau
Child Care Licensing

EMERGENCY CONTACT AND PARENTAL CONSENT

THIS FORM MUST BE TAKEN WITH THE CHILD WHEN EMERGENCY MEDICAL CARE IS NEEDED.

Child's Name: _____ Birth Date: _____

Address: _____

Mother / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Father / Legal Guardian's Name: _____ Home Number: _____

Address: _____ Cell Number: _____

Work Address: _____ Work Number: _____

Emergency Contact Person: _____ Contact Number: _____

Emergency Contact Person: _____ Contact Number: _____

Physician / Medical Care Source: _____ Contact Number: _____

Health Insurance Carrier & Policy Number: _____

Persons authorized to pick up child:

Name: _____ Name: _____

Name: _____ Name: _____

WRITTEN CONSENT IS GIVEN FOR:

Yes **No** EMERGENCY MEDICAL CARE

ADMINISTRATION OF PRESCRIPTION MEDICATIONS

**Medication Authorization form and Medication Administration Log
Must be completed**

ADMINISTRATION OF NON-PRESCRIPTION MEDICATIONS

**OTC Medication Authorization Form and Medication Administration
Log must be completed**

ADMINISTRATION OF SPECIAL DENTAL OR DIETARY NEEDS:
Please Specify:

TRIPS: **Yes** **No** TRANSPORTATION BY THE FACILITY FOR TRIPS

Yes **No** DAILY TRANSPORTATION PROVIDED BY THE FACILITY (Facility Has the Option to Offer)

IF YOUR CHILD IS TRANSPORTED BY THE FACILITY, ARE THERE ANY INSTRUCTIONS FOR SPECIAL CARE FOR THE CHILD (I.E. MOTION SICKNESS, SEIZURES, ETC.) DURING TRANSPORTATION?

HEALTH HISTORY

	<u>YES</u>	<u>NO</u>		<u>YES</u>	<u>NO</u>
Hay fever, asthma, or wheezing	<input type="checkbox"/>	<input type="checkbox"/>	Chickenpox	<input type="checkbox"/>	<input type="checkbox"/>
Eczema or frequent skin rashes	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Convulsions/Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Trouble with passing urine / bowel movement	<input type="checkbox"/>	<input type="checkbox"/>
Heart condition	<input type="checkbox"/>	<input type="checkbox"/>	Frequent colds, sore throats, earaches, tonsillitis, pneumonia	<input type="checkbox"/>	<input type="checkbox"/>

YES **NO**

Allergies or reaction: (food or other)

Please Explain:

YES **NO**

Other Health Concerns (special disabilities):

Please Explain:

SIGNATURE OF PARENT OR GUARDIAN

DATE

NON-INGESTIBLE OVER THE COUNTER (OTC) MEDICATION AUTHORIZATION FORM

TO BE COMPLETED BY PARENT

Child's Name _____ Date of Birth ____/____/____
Program Name _____ Today's Date ____/____/____

I give permission for the administration of following non-ingestible over the counter medications (mark all that apply):

- Diaper Rash Cream/Ointments
- Insect Repellent
- Sunscreen
- Cortisone/Anti-Itch Creams/Ointments
- Medicated Lip Treatments
- OTC Antibiotic Creams/Ointments
- Burn Creams/Sprays
- Other Non-Ingestible OTC's: (Please Specify) _____

To administer a non-ingestible over the counter (OTC) medication:

- The OTC medication must be brought to the day care facility from the parent;
- The OTC medication must be in its original container, with a legible label, and expiration date of medication;
- The child's name must be on the original container

Special handling/storage Instructions _____ Refrigeration Y/N

Parent/Guardian Signature (required) _____

* **This document must be updated on an annual basis.**

Unused Medication: Returned to Parent Y/N or Discarded Appropriately (circle one)

By: _____ Date ____/____/____

*Keep in the child's file when medication is finished.



TRANSPORTATION AUTHORIZATION AND WAIVER FORM

TRANSPORTATION AUTHORIZATION

____I authorize Nature Story Montessori staff to provide transportation services to the participant in conjunction with field activities, and hereby voluntarily release, waive, discharge, hold harmless Nature Story Montessori and its owners, agents, and employees from and against any and all claims, actions or losses for bodily injury, property damage, wrongful death, loss of services or otherwise which may arise as a result of the providing of transportation services to myself or my child including without limitation transportation to, from, or during any activity.

PARTICIPANT WAIVER, ACKNOWLEDGEMENT AND ASSUMPTION OF RISK AND RELEASE CLAIMS FORM

____I hereby consent to participate or my child may participate in any off-site program affiliated with Nature Story Montessori, and I hereby execute this Agreement, Waiver, and Release on my or his/her behalf. I understand the program offered through Nature Story Montessori will take place in a dynamic environment and may include, but is not limited to, the following potentially hazardous indoor and outdoor activities: hiking, swimming, games and events, fishing, general exploration. I state that I, or said minor, is physically able to participate in said activities. I understand that the inherent risks of these activities include the following: personal injury, property damage, illness, or death.

____The information given on these forms is correct and complete to the best of my knowledge, and Nature Story Montessori has my consent to share the information with all personnel who will be supervising my child for the duration while at Nature Story Montessori or who may be responsible for the welfare of myself or my child.

_____As a parent/guardian, I am committed to being available to answer a phone call from Nature Story Montessori and its staff. I have provided a phone number to Nature Story Montessori where I can be reached at any time during operating hours. I also commit to being available or making arrangements for my child to be picked up for any reason.

_____I, or my minor child, will cooperate and comply with all reasonable directions and instructions received from Nature Story Montessori staff, will follow all safety rules while participating in activities and will be familiar with the expectations and consequences of behaviors should I or my child choose not to cooperate.

_____I understand that any violation of program rules will result in consequences, and ultimately dismissal from the program and I will not receive a refund for any unused portion of the prepaid tuition and transportation is my responsibility. I hereby represent and warrant to Nature Story Montessori that I have the authority to execute this Participant Waiver Form on behalf of myself and/or on behalf of my minor child(ren) or ward(s) as parent/guardian.

_____In consideration for being permitted to participate in Nature Story Montessori activities, I hereby waive, release, and discharge any and all claims for damages for personal injury, death, or property damage which I may have, or which may hereafter accrue to me, or my child, as a result of participation. This release is intended to discharge in advance Nature Story Montessori staff (its officers, employees, volunteers and agents) and Nature Story Montessori from any and all liability arising out of or connected in any way with my, or my child's participation in said activity, even though that liability may arise out of negligence or carelessness on the part of the persons or entities mentioned above.

_____It is understood that this activity involves an element of risk and danger of accidents and knowing those risks I hereby assume those risks. Every attempt will be made to safeguard students and equipment. It is further agreed that this waiver, release and assumption of risk is to be binding on my heirs and assigns. I agree to release and to hold Nature Story Montessori or the above entities free and harmless from any loss, liability, damage, cost, or expense which they may incur as the result of my, or said minor, death or any injury or property damage that I, or said minor, may sustain while participating in said activity.

_____I specifically understand that I am releasing, discharging, and waiving any claim or actions that I may have presently or in the future for the acts or other conduct by the owners, agents, officers, or employees of Nature Story Montessori.

____I have read this entire “acknowledgement and assumption of risk and release claims” and fully understand the contents. My signature indicates that I have satisfied my questions and concerns. I understand that this release is a contract. I expressly state that I have read, understand and am familiar with all its provisions and that I sign it of my own free will.

PLEASE READ AND SIGN
MUST BE SIGNED BY PARENT or LEGAL GUARDIAN OF MINOR

I hereby state that I am the parent or legal guardian of the minor whose information appears in this registration form. I am familiar with this consent and agree to the term and provisions set forth in this release.

Participant’s Name (print): _____

Signature (If over age 18): _____

Parent/Guardian’s Name (print): _____

Parent/Guardian’s Signature: _____

Date: _____

Statement Acknowledging Parent/Guardian's Receipt of Nature Story Montessori's Program Handbook

Student's Name: _____

I/We, _____, hereby acknowledge and
Parent(s) name(s) agree with the following:

1. I/We have reviewed the Program Handbook ("Handbook") of Nature Story Montessori.
2. I/We understand a hard copy of the Program Handbook is available from the school or online.
3. I/We have read and agree to comply with the policies contained in the Handbook which govern the terms of the child care contract, and have been given an opportunity to ask questions about the content of the Handbook.
4. I/We understand that the Handbook reflects the current policies and procedures of Nature Story Montessori.
5. I/We agree that I/We will conform to these policies and procedures and understand that these policies and benefits may be, amended, modified, terminated, or replaced by Nature Story Montessori.

This form must be signed and returned to Nature Story Montessori before the student may attend the program.

Parent/Guardian Signature and Date

Parent/Guardian Signature and Date