



# Enrollment Application Form

Please complete one form per child.

## MY CHILD INFORMATION

|  |   |   |
|--|---|---|
| Child's Name (Initial, First, Middle, Last)  |   | Nickname  |
| Date of Birth (Month/Day/Year)   | Home Phone                                    | Date of Admission (Month/Day/Year)  |
| Home Address (Street Number, City, State-Zip)  |   | Hours & Days in School:   |
| Child Living With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian (Specify) |   | <input type="checkbox"/> Female <input type="checkbox"/> Male                                   |
| Previous School:   |   | Duration:   |
| For School Age Child: Name of School Child Attends:  |   | School Phone  |
| Does your child use the toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No   | What words does your child use for toileting? |   |
| Do you have any concerns about your child's toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:                |   |   |
| List Strengths and Weaknesses of your Child:   |   |   |
| Does your child show preference for the <input type="checkbox"/> Right <input type="checkbox"/> Left hand?   |   | Does your child dress himself/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your child ever had any severe injuries or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:               |   |   |
| Does your child have any difficulty with hearing or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:           |   |   |
| Does your child need any special needs such as inhaler, nebulizer etc.? Please explain below:  |   |   |
| Do you have any concerns about your child's health? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:                   |   |   |

## PARENT'S (GUARDIAN'S) INFORMATION: CODE: Your four-digit code to open the door \_\_\_\_\_

|  |                          |                       |
|--|--------------------------|-----------------------|
| 1. Parent's (Guardian's) Name (Initial, First, Middle, Last) |                          | Relationship to Child |
| Social Security #  | Driver's License #/State | Cell Phone            |
| Home Address (Street Number, City, State-Zip)                |                          | Home Phone            |
| Employer   | Employer's Address       | Work Phone            |
| Email Address  |                          | Occupation            |
| 2. Parent's (Guardian's) Name (Initial, First, Middle, Last) |                          | Relationship to Child |
| Social Security #  | Driver's License #/State | Cell Phone            |
| Home Address (Street Number, City, State-Zip)                |                          | Home Phone            |

|  |                    |            |
|--|--------------------|------------|
| Employer   | Employer's Address | Work Phone |
| Email Address  |                    | Occupation |
| <input type="checkbox"/> Check here if one of the Parent (Guardian) is NOT authorized to pick up the child. Parent's (Guardian's) Name:<br>Court order document is required to be effective. |                    |            |
| <b>How did you hear about us OR Name of parents who referred you?</b> _____  |                    |            |

**EMERGENCY CONTACT INFORMATION IF PARENTS (GUARDIAN) CANNOT BE REACHED:** In case of illness or injury, please first contact:  Mother  Father  Other (please specify: \_\_\_\_\_ )

|   |                          |            |
|---|--------------------------|------------|
| 1. Name (Initial, First, Middle, Last)        | Relationship to Child    | Cell Phone |
| Home Address (Street Number, City, State-Zip) | Driver's License #/State | Home Phone |
| Email Address                                 | Employer                 | Work Phone |

|   |                          |            |
|---|--------------------------|------------|
| 2. Name (Initial, First, Middle, Last)        | Relationship to Child    | Cell Phone |
| Home Address (Street Number, City, State-Zip) | Driver's License #/State | Home Phone |
| Email Address                                 | Employer                 | Work Phone |

**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:** In the event, I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge at Star Montessori School to take my child to:

|   |                                 |                                      |
|---|---------------------------------|--------------------------------------|
| 1. Name of Physician (Initial, First, Middle, Last)   | Work Phone                      | Work Fax                             |
| Work Address (Street Number, City, State-Zip)   | Email Address                   | Emergency Medical Care Facility Name |
| Emergency Medical Care Facility Address (Street Number, City, State-Zip)  | Work Phone                      | Email Address                        |
| If child's physician is unavailable, do we have permission to contact another? <input type="checkbox"/> Y <input type="checkbox"/> N<br>I give my consent for Star Montessori School to secure all necessary emergency medical care for my child. | Guardian's (Parent's) Signature | Date:                                |

To better accommodate any special needs of your child, we will require a written authorization for need and care from the parent or guardian and/or the child's physician. The parent or guardian is responsible for providing any equipment and/or training that staff personnel may require in relation to special needs and care of that child. In some instances, determined on a case-by-case basis, a personal meeting with the child's physician and parent or guardian may be required. List any allergies, existing or previous illness, injuries and hospitalization during past 12 months, any medication prescribed for long term continuous use, and any other information which care giver should be aware of:

**PERMISSIONS**

|  |                      |
|--|----------------------|
| I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to be <b>transported and supervised by the operation's employees:</b><br><input type="checkbox"/> for emergency care; <input type="checkbox"/> on field trips; <input type="checkbox"/> to/from school.              | Parent Initials ____ |
| I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to participate in <b>Field Trips.</b> Parent's Comment:  | Parent Initials ____ |
| I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to participate in <b>Water Activities:</b> <input type="checkbox"/> Splashing/Wading pools; <input type="checkbox"/> Sprinkler Play;<br><input type="checkbox"/> Other water activities at school. Parent's Comment: | Parent Initials ____ |
| I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to be <b>released to the care of his/her sibling(s) under the age of 18 years old.</b><br>Name of sibling(s) allowed to pick up my child:  | Parent Initials ____ |
| I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child to be <b>applied sunscreen and bug replant.</b>  | Parent Initials ____ |

|   |                      |
|---|----------------------|
| <p>Media Release: I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child's snap or video to be published on school web site as single picture.<br/> I hereby <input type="checkbox"/> give <input type="checkbox"/> do not give my consent for my child's snap or video to be published on school web site in group.<br/> I understand that Star Montessori School will not print or release identifying information in any public publication or announcement in conjunction with photographic images. I understand that Star Montessori School may print or release some identifying information, including first name, in internal publications and announcements (i.e. Positive Parenting Newsletter, etc.) in conjunction with photographic images. I understand that the term "snap" as used herein encompasses both still photographs and motion picture footage.</p> | Parent Initials ____ |
|---|----------------------|

**I will provide a balanced and a nutritious lunch for my child that would meet the daily food needs. I understand that the school is not responsible for its nutritional value or for meeting the child's daily food needs.**

**What are some goals or expectations you as a parent have concerning your child's development at this school? Please state below:**

|                                 |      |
|---------------------------------|------|
| Guardian's (Parent's) Signature | Date |
|---------------------------------|------|

**PERSONS AUTHORIZED TO PICK UP THE CHILD OTHER THAN PARENTS (GUARDIAN):** ("I hereby authorize Star Montessori School to allow my child to be picked up with following people in the event neither of parent/guardian can be reached.")

|   |                          |            |
|---|--------------------------|------------|
| 1. Name (Initial, First, Middle, Last)        | Relationship to Child    | Cell Phone |
| Home Address (Street Number, City, State-Zip) | Driver's License #/State | Home Phone |
| Email Address                                 | Employer                 | Work Phone |

|   |                          |            |
|---|--------------------------|------------|
| 2. Name (Initial, First, Middle, Last)        | Relationship to Child    | Cell Phone |
| Home Address (Street Number, City, State-Zip) | Driver's License #/State | Home Phone |
| Email Address                                 | Employer                 | Work Phone |

**GENERAL RELEASE OF LIABILITY**

|  |                      |
|--|----------------------|
| <p>Star Montessori School LLC, The Star05 Realty LLC, their agents and employees shall not be liable or responsible for and shall be held harmless by the undersigned from and against any and all claims and damages of every kind, including, but not limited to, injury or death of any person or persons and for damage to or loss of property arising out of or attributed directly or indirectly to the operations of the school or the performance of the school or its owner or employees in carrying out its school functions including:</p> <ul style="list-style-type: none"> <li>• Transportation to and from the school premises and while off premises for any school related activity.</li> <li>• Water activities or any other activity for which permission for the child's participation has been approved by a parent or guardian.</li> </ul> | Parent Initials ____ |
|--|----------------------|

|                                 |      |
|---------------------------------|------|
| Guardian's (Parent's) Signature | Date |
|---------------------------------|------|

**EMERGENCY TELEPHONE NUMBERS: EMERGENCY PHONE-911**

|                        |                    |   |
|------------------------|--------------------|---|
| NEAREST HOSPITAL PHONE | LOCAL POLICE PHONE | POISON CONTROL CENTER: <b>1800-222-1222</b> |
|------------------------|--------------------|---|

### HEALTH REQUIREMENT

Name of child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

| VACCINE    | DATE | DATE | DATE | DATE | DATE |
|------------|------|------|------|------|------|
| DTP/DTap   |      |      |      |      |      |
| IPV        |      |      |      |      |      |
| Hep A      |      |      |      |      |      |
| Hep B      |      |      |      |      |      |
| Hib/Comvax |      |      |      |      |      |
| Varicella  |      |      |      |      |      |
| MMR        |      |      |      |      |      |
| Pevnar     |      |      |      |      |      |

T.B. Skin Test:  
Date: \_\_\_\_\_

NOTE: You may submit a photocopy of the immunization record signed or stamped by a physician or health personnel.

\_\_\_\_\_  
Signature of Physician or Health Personnel                      Date

ADMISSION REQUIREMENT: For pre-school age children, you must submit one of the following within one week of enrollment.

Please check your selected option.

\_\_\_\_\_ Physician's Statement: I have examined the above named child within the past year and find that the child is physically able to take part in Star Montessori School.

\_\_\_\_\_  
Health Care Professional's Signature                      Date

\_\_\_\_\_ A copy of the medical screening form of the Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program, if no referral for further diagnosis and treatment I indicated.

\_\_\_\_\_ A form or written statement from a health service or clinic.

IF YOU DO NOT HAVE ANY OF THE ABOVE

\_\_\_\_\_ Parent's Statement: My child has been examined within the past year by a licensed physician and is able to participate in Star Montessori School's program. Within the next 12 months I will obtain a physician's statement, a copy of the medical screening form from the EPSDT program or a form or statement from a health service or clinic and will submit it to Star Montessori School.

\_\_\_\_\_ For SCHOOL AGE Children: A copy of my child's immunization record is at the elementary school he/she attends.

For School-Age: Name, Address and Telephone Number of School Child Attends

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Name and Address of Physician                      or                      address of EPSDT screening site

OR

\_\_\_\_\_ My child has an appointment for a physical examination and I will submit the physician's statement, EPSDT form or health service or clinic form to Star Montessori School following the examination.

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Name and Address of Physician                      or                      address of EPSDT screening site

NOTE: If medical diagnosis and treatment and/or immunization and TB testing conflict with your religious beliefs, you must sign an affidavit to that effect & attach it to this form. If immunization and/or TB testing would be injurious to your child or family, you must submit a certificate signed by a physician to that effect and attach it to this form.

## Discipline and Guidance policy

Discipline must be:

1. Individualized and consistent for each child;
2. Appropriate to the child's level of understanding; and
3. Directed toward teaching the child acceptable behavior and self-control.

A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:

1. Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
2. Reminding a child of behavior expectation daily by using clear, positive statements;
3. Redirecting behavior using positive statements; and
4. Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance is prohibited:

1. Corporal punishment or threats of corporal punishment;
2. Punishment associated with food, nap, or toilet training;
3. Pinching, shaking, or biting a child;
4. Hitting a child with a hand or instrument;
5. Putting anything in or on a child's mouth;
6. Humiliating, ridiculing, rejecting, or yelling at a child;
7. Subjecting a child to harsh, abusive, or profane language;
8. Placing a child in a locked or dark room, bathroom, or closet with the door closed; and
9. Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

Texas Administrative Code, Title 40, Chapters 746 and 747, Subchapters L, Discipline and Guidance

My signature verifies I have read and received a copy of this discipline and guidance policy.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Check one please:

Parent

Employee/Caregiver

Household member of child-care home

### **ENROLLMENT CHECKLIST FOR STUDENT**

- COMPLETED ADMISSION FORM: ALL AREAS MUST BE FILLED IN including Phone Numbers, addresses etc.**
- SIGNED OPERATION POLICY**
- EMERGENCY CONTACT AND ADDRESS**
- COPY OF PARENT/GUARDIAN ID**
- DISCIPLINE AND GUIDANCE POLICY**
- IMMUNIZATION RECORDS**
- HEALTH STATEMENT**
- HEARING AND VISION (IF APPLICABLE)**
- ILLNESS/INCEDENT REPORTS**
- FOR SCHOOL-AGE: NAME AND TELEPHONE NUMBER OF SCHOOL CHILD ATTENDS**

# INSTRUCTION SHEET AND FINANCIAL AGREEMENT

## Dear Parents/Guardians,

Welcome to Star Montessori School. Thank you very much for your interest in Star Montessori School. Enclosed are enrolment form the school will need on **the first day of your child's school**. The health form is also required on the first day of enrollment.

Please be sure to fill all areas and sign all areas that indicate for a 'parent/Guardian signature'.

1. Include a copy of the updated immunization record along with the health form.
2. Include the photocopy of driver license and social security card.
3. Your child should have the following items at the school always;
  - a. **An extra set of clothes, sun block lotion and insect repellent in a labeled Tupperware** of approximately 1ftx1ft dimension or 12 Quartz Size.
  - b. Please send a **MAT** (small Kinder mat) and **Mat cover** (crib mattress cover) and a small **blanket**. Please do not send pillow due to limited space in the cube.
  - c. Please send a **napkin and fork/spoon** in your child's lunch box each day.
  - d. A nutritious lunch should be a balanced meal with one item from each of the food group. Please provide Formula or Milk for Infant. Please **label** all containers with your **child's name**.
  - e. If your child is enrolled in the infant or toddler program, provide **a bag of diapers, a box of medium size gloves and a box of wipes** to be kept at the school.

## ENROLLMENT AGREEMENT

### TUITION AND FEES

\_\_\_\_\_ **ANNUAL REGISTRATION FEE:** I understand there is a \$50 per family non-refundable registration fee due at enrollment. This fee is due annually on August irrespective of enrollment month.

\_\_\_\_\_ **ANNUAL ACTIVITY FEE:** I understand there is a \$100 per family non-refundable activity fee is due at registration. This fee is due annually on August irrespective of enrollment month.

\_\_\_\_\_ **TUITION FEE:** Tuition for this program is \$\_\_\_\_\_ monthly (**paid on the 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup>**) OR \$\_\_\_\_\_ semi-monthly (**paid 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> & 16<sup>th</sup>, 17<sup>th</sup> or 18<sup>th</sup> of each month**). **Tuition rates are charged per your child's suite for the school year, not per your child's age.**

I have enrolled my child in the following program(s):

Days: (check all that apply) M  T  W  TH  F  From \_\_\_\_\_am/pm to \_\_\_\_\_am/pm

\_\_\_\_\_ **TUITION FEE MODIFICATION:** I understand tuition fee and other fees such as late fee etc. are subject to change with reasonable notice.

\_\_\_\_\_ **LATE OR UNPAID TUITION:** I agree to pay the tuition for the program as stated above. I understand fees are due monthly or semi-monthly and I will include **LATE FEE \$30 WITH EACH PAYMENT IF PAYMENT IS LATE**. I understand there can be two (2) late fees for semi-monthly payment.

I understand that if my account is delinquent for more than one week, 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 will be sent to a third-party collection agency. I UNDERSTAND THAT IF I AM DELINQUENT ON MY OBLIGATION TO PAY STAR MONTESSORI SCHOOL, THEN I WILL BE RESPONSIBLE FOR ANY LATE FEES, INTEREST CHARGES, COURT COSTS, ATTORNEY FEES, AND COLLECTION CHARGES SHOULD THE BALANCE NOT BE PAID IN DUE DILIGENCE.

\_\_\_\_\_ **SPONSOR REIMBURSEMENT:** I understand that I am solely responsible for full tuition and late fees in the event an agency, sponsor company or third party fails to pay.

\_\_\_\_\_ **CHARGES AND PROCEDURE FOR LATE PICK-UP:** I understand if I am late to pick up my child at my scheduled program time, I will be charged \$5 for the first 15 minutes and \$5 for each 5 minute thereafter, per child until the child is picked up.

\_\_\_\_\_ **DISCOUNTS:** I understand that a sibling discount of 5% off on older sibling tuition is provided for families with two or more children enrolled. Discounts are not applicable on any Agency co-pays, other fees or special program promotions and cannot be combined with any other discount or promotion.

\_\_\_\_\_ **RETURNED CHECK:** I understand that a \$35 processing fee along with the principal amount will be charged to my account for all checks that are returned for any reason including the late fee \$30 and this fee is in addition to any charges that my bank or financial institution may charge me. I will be required to pay by money order only for the next six months' period. If more than 1 check is returned, then all future payments must be made by money order.

\_\_\_\_\_ **ONE MONTH ADVANCE FEE IF NO SSN PROVIDED:** I understand that I will pay one month advance tuition fee if I do not wish to provide my social security number. The two weeks' fees and any other due fees will be charged in the event of withdrawal or graduation and remaining balance will be refunded.

### ABSENSE, HOLIDAY AND CLOSING

\_\_\_\_\_ **ABSENCE/VACATIONS:** I agree to inform the school immediately if my child will be absent on any day(s). I understand that no allowances, credits, refund, or make up days shall be made for absences due to vacation or sickness. My regular contracted tuition is due regardless of child's attendance.

\_\_\_\_\_ **HOLIDAYS:** I understand that the school is closed on the following holidays: New Year's Day, President's Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving days (2 days), Christmas day till New Year's Day (December 25 through December 31). 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.

\_\_\_\_\_ **INCLEMENT WEATHER CLOSING:** The school will be delayed or closed as per Round Rock ISD Inclement weather policy. The closure or delay will be posted on school website [www.StarMontessori.org](http://www.StarMontessori.org) or [www.AustinStarMontessori.com](http://www.AustinStarMontessori.com) or you can visit RRISD website <https://www.roundrockisd.org> to find that as well.

**SCHOOL PROCEDURE**

\_\_\_\_\_ **WITHDRAWAL FROM PROGRAM AND RE-ADMISSION:** I understand that I must provide a two (2) weeks written notice of withdrawal from the program. If this notice is not provided, I agree to pay all tuition and fees for two (2) weeks, whether my child attends. I understand that when my child is withdrawn, she/he will only be eligible for re-enrollment based on availability and all other enrollment criteria. If my child is selected for re-admission, I will be required to complete an entire new Enrollment packet and pay a new nonrefundable registration and activity fee including any prior remaining balance along with current tuition fee.

\_\_\_\_\_ **DAILY SIGN-IN AND SIGN-OUT:** I agree to sign my child in and out every daily using the school's sign in and sign out procedure. 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 classroom and care giver daily

\_\_\_\_\_ **SICKNESS:** I understand that I will be notified if my child become ill during the care and that I will pick up my child promptly, or make arrangements for an authorized emergency contact person to pick up. I agree to notify the school if my child is exposed to or contracts a contagious disease. I understand that my child will be re-admitted according to the Illness Policy in the Parent Handbook.

\_\_\_\_\_ **PHOTOGRAPHS, VIDEOS AND AUDIO TAPES:** I understand and agree that, in consideration for being allowed to photograph, videotape or audio record my child on school premises such as classrooms and playground etc. I will only use such recording for lawful and private home use, and will not publish, publicly display or sell such recordings I also understand that I must have written permission before capturing any image of the other children in the school or care giver.

\_\_\_\_\_ **CHILDREN INTERVIEW AND INSPECTING RECORDS:** I understand that the DFPS (Department of Family Protective Services) and Child Protective Services has the authority to interview privately my child or the teacher, to inspect and audit my child's or school's records, to observe the physical condition of my child in the school, to make provisions for the independent medical examination by a licensed physician without prior notice or consent by me or by the school.

\_\_\_\_\_ **POLICIES AND STATE RULE:** I understand that the above polices are not an all-inclusive list of policies, and that my child, my family members, authorized agents and I are bound to DFPS regulations, the Parent Handbook, and all other school policies, which can be modified an any time without prior notice. I understand that DFPS regulations may prevail over these policies. I agree that my continued enrollment constitutes my acknowledgement of, and agreement to abide by, all policies and DFPS regulations.

\_\_\_\_\_ **PARENT HANDBOOK:** I declare that I have received the Parent Handbook. I have read and understand its polices and content and agree to abide by the all rules and regulations.

\_\_\_\_\_ **RECORDS:** I agree that all documents provided to or maintained by Star Montessori School are the property of the school. I hereby authorize Star Montessori School to release any records to parent or guardian in this form. I agree that Star Montessori School will not be liable in any form for the release of any documents to anyone listed as a parent or guardian in the form.

If there is dispute, Star Montessori School will have the option, in their sole discretion, whether to release the records or to request a valid subpoena prior to releasing the records. A request for records must be made in writing and submitted to the school director. Star Montessori School will have 10 working days to comply with any request.

\_\_\_\_\_ **TRIAL PERIOD AND TERMINATION:** I understand that Star Montessori School requires thirty (30) day evaluation period to determine the best interests and adjustment of the child and parents(s). At the end of this period, Star Montessori School director/owner or parents may determine whether to continue with the program. School reserves the right to not renew enrollment for future period if it is determined the continued care is not in best interest of the child or the school. A two-week written notice will be provided to parents if this happens. However, I understand that Star Montessori School reserves the right to terminate the enrollment and all agreement immediately with or without prior notice if it is deemed necessary in our relationship with or without any reason. I understand that failure to fully complete this enrollment form may result in termination of care. This enrollment form does not constitute automatic acceptance to the school.

\_\_\_\_\_ **DROP OF TIME:** I understand that I will drop off my child no later than 9:00AM.

\_\_\_\_\_ I understand that Star Montessori School will **not** be held responsible and will **not** be financially liable for your child getting hurt at school or playground or getting sick due to any reasons such as outbreak of any communicable diseases.

I HAVE READ, UNDERSTOOD, AND AGREE TO THE TERMS AND CONDITIONS OUTLINED IN THE OPERATIONAL POLICIES.

BOTH PARENTS OR GUARDIANS MUST SIGN BELOW:

\_\_\_\_\_  
Name: Signature Date

\_\_\_\_\_  
Name: Signature Date

\_\_\_\_\_  
NAME & SIGNATURE OF PERSONS RESPONSIBLE FOR PAYMENT

\_\_\_\_\_  
SOCIAL SECURITY NUMBER DATE

**Electronic Fund Transfer Authorization Form Through Tuition Express and Never Write a Check Again!**

Star Montessori School is excited to offer you the safety, convenience and ease of automatic tuition payments through Tuition Express – an automated payment processing system that allows on-time tuition and fee payments to be made from your bank account.

For bank account authorization, complete and return to Star Montessori School's management.

**ELECTRONIC FUNDS TRANSFER AUTHORIZATION**

I (we) hereby authorize Star Montessori School, to initiate debit entries to my (out) Checking or Savings account indicated below at the depository financial institution indicated below (called "DEPOSITORY" in the Authorization). I (we) authorize Star Montessori School to withdraw sufficient funds to pay my (our) regular school tuition and/or other school related fees that are due and payable. I (we) authorize Star Montessori School to use the third party sender, Tuition Express\* to process all payments. I (we) acknowledge that the origination of Automated Clearing House (ACH) transactions to my (our) account must comply with the provisions of United States Law.

Credit Union Members: Please contact your Credit Union to verify account and routing numbers for automatic payments.

|                                   |         |  |
|-----------------------------------|---------|--|
| Your Name                         | Phone # | DEPOSITORY - Bank or Credit Union Name                                   |
| Address                           |         | Bank or Credit Union Address   |
| City                              | State   | Zip  |
|                                   |         | City   |
|                                   |         | State  |
|                                   |         | Zip  |
|                                   |         | Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| Routing Number (see sample below) |         | Account Number (see sample below)  |

This authorization will remain in full force and effect until I (we) notify the Star Montessori School in writing of its termination in such time and in such manner as to afford Tuition Express and DEPOSITORY a reasonable opportunity to act upon it. Notices must be received at a minimum of 10 business days in advance of the termination date.

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

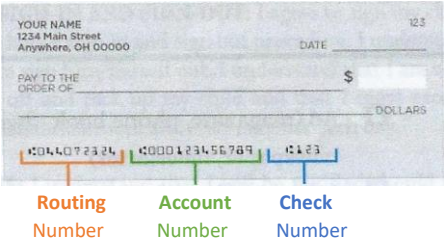
Record Retention Notice: The child care provider shall retain all parent (client) authorization forms in a secure location for a period of two years from the date of client withdrawal from the Tuition Express™ program.

\*Tuition Express is an assumed business name of Blum Investment Group, Inc.

**Payment Dates:**

Full payment on the 1st

Half on the 1<sup>st</sup>; Half on the 15th



Please attach a copy of voided check. Deposit slips not accepted.

| FOR OFFICE USE, ONLY |                |                          |
|----------------------|----------------|--------------------------|
| Received by:         | Date received: | Date entered in procare: |



## INFORMATION ABOUT CHILD AND PARENT FOR CLASS TEACHER

|  |   |   |
|--|---|---|
| Child's Name (Initial, First, Middle, Last)  |   | Nickname  |
| Date of Birth (Month/Day/Year)   | Home Phone                                    | Date of Admission (Month/Day/Year)  |
| Home Address (Street Number, City, State-Zip)  |   | Hours & Days in School:   |
| Child Living With: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both <input type="checkbox"/> Guardian (Specify)                                 |   | <input type="checkbox"/> Female <input type="checkbox"/> Male                                   |
| Previous School:   |   | Duration:   |
| For School Age Child: Name of School Child Attends:  |   | School Phone  |
| Does your child use the toilet? <input type="checkbox"/> Yes <input type="checkbox"/> No   | What words does your child use for toileting? |   |
| Do you have any concerns about your child's toileting? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:  |   |   |
| List Strengths and Weaknesses of your Child:   |   |   |
| Does your child show preference for the <input type="checkbox"/> Right <input type="checkbox"/> Left hand?   |   | Does your child dress himself/herself? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Has your child ever had any severe injuries or illness? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:   |   |   |
| Does your child have any difficulty with hearing or vision? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:   |   |   |
| Does your child need any special needs such as inhaler, nebulizer etc.? Please explain below:  |   |   |
| Do you have any concerns about your child's health? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain below:   |   |   |
| 1. Parent's (Guardian's) Name (Initial, First, Middle, Last)   |   | Relationship to Child   |
| Home Address (Street Number, City, State-Zip)  |   | Email Address:  |
| Cell Phone   | Home Phone                                    | Work Phone  |
| 2. Parent's (Guardian's) Name (Initial, First, Middle, Last)   |   | Relationship to Child   |
| Home Address (Street Number, City, State-Zip)  |   | Email Address:  |
| Cell Phone   | Home Phone                                    | Work Phone  |
| <input type="checkbox"/> Check here if one of the Parent (Guardian) is NOT authorized to pick up the child. Parent's (Guardian's) Name:<br>Court order document is required to be effective. |   | Home Phone  |

**EMERGENCY CONTACT INFORMATION IF PARENTS (GUARDIAN) CANNOT BE REACHED:** In case of illness or injury, please first contact:  Mother  Father  Other (please specify: \_\_\_\_\_ )

|   |                          |            |
|---|--------------------------|------------|
| 1. Name (Initial, First, Middle, Last)        | Relationship to Child    | Cell Phone |
| Home Address (Street Number, City, State-Zip) | Driver's License #/State | Home Phone |
| Email Address                                 | Employer                 | Work Phone |
| 2. Name (Initial, First, Middle, Last)        | Relationship to Child    | Cell Phone |
| Home Address (Street Number, City, State-Zip) | Driver's License #/State | Home Phone |
| Email Address                                 | Employer                 | Work Phone |