



Ha'penny Montessori School

Operated by Haypenny Management, LLC

Returning Student Application and Admissions Contract

2018-2019

Child's Information

Full Name: _____
Nick Name: _____ Sex: _____
DOB: _____ Age: _____
Address: _____
City: _____ State: _____ Zip: _____

Parent/Guardian Information

Mother's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation & Employer: _____
Father's Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Occupation & Employer: _____

Emergency Contact Information

(Must be two contacts other than parents)

Use my emergency contact information from last school year: YES NO

Name: _____
Relationship to child: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Cell: _____
Name: _____
Relationship to child: _____
Address: _____
City: _____ State: _____ Zip: _____
Home phone: _____ Cell: _____

Contact Information

The following information is the same as last year. Please use information currently on file:

YES
NO (update my information)

Home #: _____

Email: _____

Email: _____

Mother's
Work #: _____

Mother's
Cell #: _____

Father's
Work #: _____

Father's
Cell #: _____

All students are required to have a Virginia Health Form completed by a physician and submitted to Ha'penny Montessori School on or before the first day of school.

Tuition Policy

Monthly tuition is due on or before the 28th of each month. There will be a \$50 late charge for each monthly installment that is 5 or more days past due and a \$40 charge for each returned check. Monthly statements will be emailed and it is your responsibility to notify the school in writing of any changes to your email address.

You understand that by admitting your child the school is using a spot that would otherwise be available for another child. Therefore, by initialing below you agree to pay the full amount of tuition that is due for the entire school year and/or summer camp, even if your child's enrollment is cancelled by the school as a result of your child being disruptive or violating the school's rules and regulations. Exceptions, which are rare, must be granted by the school director. _____ **(initial)**

Nature Walks/Stroller Rides

I certify that my child is able to participate in nature walks/stroller rides with HMS employees. If there are any activities I do not want my child to be involved in, I have listed them below.

I understand and hereby agree to assume all the risks which may be encountered on said Walk/activity, including activities preliminary and subsequent thereto. I do hereby agree to hold Ha'penny Montessori School and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with this activity or participation in any associated activities. This release contains the entire agreement between parties hereto and the terms of this release are contractual and not a mere recital.

I further state that I have carefully read the foregoing release and know the contents thereof and I sign this release as my own free act.

Medical conditions and or Activities I do not want my child to participate in during nature walks/stroller rides:

Special instructions before, during or after nature walk/stroller ride

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Medical and Allergy Information and Restrictions

Please list any medical conditions, chronic or relevant developmental information and if any special accommodations are needed for your child.

Known allergies and Steps to take should a reaction occur _____

Special diet _____

Other

Emergency Medical Authorization

In the event of an emergency, I hereby authorize Ha'penny Montessori School personnel to seek medical attention for my child. I also authorize Ha'penny Montessori School personnel to transport my child to a nearby emergency medical facility should this care be necessary. The hospital and its staff have my permission to provide any treatment the physician deems necessary for the health of my child.

Parent/Guardian Signature

Date

Insurance and Physician Information

Insurance Company _____

Policy # _____

Physician _____

Physician Phone # _____

Physician Address _____

Dentist _____

Dentist Phone # _____

Dentist Address _____

Declaration and Authorization

I understand that minor injuries or accidents will be treated on the school premises and that I will be notified of any such treatment. I also understand that certain medical information may need to be shared with the school staff if deemed necessary by the administration and I hereby give my consent for the disclosure of information otherwise protected by HIPAA, including protected health information, with the school and its agents.

The information and health history in this form is correct to the best of my knowledge, and the person herein described has permission to engage in all activities, except as noted in this form.

Parent/Guardian Name (Print)

Parent/Guardian Signature

Date

Compliance Policy

In compliance with state regulations, I will pick-up my child as soon as possible in the event that Ha’penny Montessori School calls to inform me that my child is ill. I agree to inform Ha’penny Montessori School immediately of communicable illnesses any of my family members contract even if they do not attend Ha’penny Montessori School. _____ **(Initial)**

Pick Up Authorization

Please list any person authorized to pick your child up

Please list any person **not** authorized to pick your child up

(If a parent is listed above, the appropriate legal paperwork is required)

Should any of the above information change I will inform the school in writing. In the event of an emergency I will call the school to give my permission. _____ **(Initial)**

Acknowledgment of Parent Handbook (Parent Handbook can be found on our website under forms and information)

Ha’penny Montessori School (HMS) Parent Handbook can be found on our website under forms and information. I/We understand that by enrolling our child at HMS we agree to read and abide by all of the rules and regulations contained within the handbook.

Parent Name (Print) Parent signature Date

Parent Name (Print) Parent signature Date

Requested Teachers

Requesting a teacher does not guarantee a space in the requested teacher’s class. However we do our best to accommodate all requests.

Teacher 1 _____ Teacher 2 _____

Terms and Conditions

Ha'penny Montessori School admits students without regard of any race, color, national origin, religion or ethnic background. Any fees paid to the school, including application, enrollment, deposits, tuition or activity fees, are not refundable. No refunds will be due or issued as a result of a day missed due to illness, holidays or vacations or if the school is closed as a result of weather or other events beyond our control. Each student (and their family) agrees to abide by all of the rules and regulations published by the school from time to time on its website or otherwise distributed. The rights, obligations and responsibilities here under shall transfer to any successor in interest or acquirer of the assets or interests of the school.

If your child is not picked up on time you will be charged an overtime rate of \$2 a minute for the first 15 minutes and \$5 a minute after that, based on the school clock. We do allow a 5 minute grace period. The school reserves the right to deny, cancel, or suspend a child's enrollment if deemed necessary as a result of the child being disruptive or violating the school's rules and regulations or for any other reason.

All student records are considered confidential. They may be available to parents and legal guardians upon request by them to the school. Student records will only be released to other schools or agencies upon the signed request/legal guardian and only after all accounts due to the school are paid in full.

I understand that the school and its agents are required to report suspected child abuse or neglect as required by Section 63.2-1509 of the Code of Virginia.

All questions relating to the execution, interpretation and performance of this Application Contract shall be governed by the laws of the Commonwealth of Virginia and any dispute shall be litigated in a court located in the County of Loudoun, Virginia. The prevailing party shall be entitled to recover from the non-prevailing all expenses incurred in connection with any litigation arising out of this Application Contract including, but not limited to, any attorney's fees or other costs. If any provision in this Application Contract is found to be unenforceable, all other provisions of this Application Contract shall remain in effect and the invalid provision shall to the extent possible be modified by the parties, or a court of law, as needed to make sure provision valid. The school shall waive any right to enforce the terms herein by refraining from enforcing any provisions in one or more instances.

Photograph/Video Disclaimer

Ha'penny Montessori School (HMS) reserves the right to use any photograph/video taken at school and any event sponsored by HMS, without the expressed written permission of parent/legal guardian. HMS may use the photograph/video in publications or other media material produced, used or contracted by HMS including but not limited to: brochures, newspapers, magazines, television, websites, etc.

Release

To fullest extent permitted by law, we, on behalf of ourselves and behalf of our child, hereby release and hold the Ha'penny Montessori School and its agent and employees, harmless from all claims, damages or other liabilities for injuries to our child, his/her parents, or legal guardian, except to the extent caused by the gross negligence of the school or its employees or agents. We also hereby agree to indemnify and hold the school harmless for any damages incurred by the school or any third party as a result of actions taken by the student or his/her parents or legal guardians.

Field Trips (Toddler and Primary Classes Only)

There are two field trips each year. One in the fall and one in the spring. Parent participation is required for the field trips, all children must have a parent/guardian chaperone them for the duration of these field trips, including driving them to and from the destination.

I understand that it is necessary to keep my child home from school on the day of the trip if I do not wish for my child to participate.

Programs

Requested Days Must Be Approved By The Director. Please Circle Days Below

Infant Program 10 weeks-18 months

Infant Before Care(7:00am-8:30am)

Infant Full Day (8:30am-3pm)

Infant Extended Day (8:30am-4:30pm)

Infant Extended Day (8:30am-6pm)

Requested Days # 1 M T W Th F

Requested Days # 2 M T W Th F

Toddler Programs 16 months-3 years

Toddler Before Care (7:00am-8:30am)

Toddler Half Day Program (8:30am-12:30pm)

Toddler Full Day Program (8:30am-3pm)

Toddler Extended day (8:30am-4:30pm)

Toddler Extended day (8:30am-6pm)

Requested Days # 1 M T W Th F

Requested Days # 2 M T W Th F

Primary Programs 3 years- 6 years

Primary Before Care (7:00am-8:30am)

Primary Half Day Program (8:30am-12:45pm)

Primary Full Day Program (8:30am-3pm)

Primary Extended day (8:30am-4:30pm)

Primary Extended day (8:30am-6pm)

Requested Days # 1 M T W Th F

Requested Days # 2 M T W Th F

Kindergarten (5 years-6 years)

(Must be 5 by Sept 30th)

5 days a week only

Kindergarten Before Care (7am-8:30am)

Kindergarten (8:30am-3pm)

Kindergarten Enrichment (11:30am-3pm)

Kindergarten Enrichment Extended Day (11:30am-4:30pm)

Kindergarten Enrichment Extended Day (11:30am-6:00pm)

Kindergarten Extended Day (8:30am-4:30pm)

Kindergarten Extended Day (8:30am-6pm)

I understand that a 30 day written notice must be submitted to the administration to decrease in schedule. _____ (initial)

The tuition for the above stated programs selected is \$_____ and can be paid as follows:

In full by July 12th, 2018 (4% discount) plus \$125 re-enrollment fee and one tuition installment as deposit with application

10 Installments each due the 28th of the month. First tuition installment is required as a deposit and must be submitted with this completed application along with \$125 re-enrollment fee.

In consideration of the acceptance of this Admissions Contract, each of the undersigned (jointly and severally) assumes responsibility for the years and/or summer camp tuition, for which the student is enrolled. If a withdrawal occurs after the Admissions Contract is submitted to Ha'penny Montessori School, the undersigned are liable for a **\$250 fee per session**, for which the student is enrolled.

By electronically submitting the Ha'penny Montessori School admission application, you agree your electronic signature and name initials are the legal equivalent of your manual signature and name initials on this Agreement. You are consenting to be legally bound by this Agreement's terms and conditions. You further agree that your use of a key pad, mouse or other device to select a program/item or similar act/action is the legal equivalent of manual selection. You agree that your electronic signature and name initials are acceptance and agreement as if actually signed by you in writing. You also agree that no certification authority or other third party verification is necessary to validate your electronic signature.

Parent/Guardian Signature

Parent/Guardian Signature

Date

Haypenny Management, LLC by _____,
Director

Date

Re-enrollment Fee: _____ Tuition: _____ Dis: _____ Date: _____ **TOTAL PAID** : _____ Ck #'s _____

Received by: _____

Classroom Teacher: _____ Additional Notes:

A Montessori Summer

2018

**Requested Days Must Be Approved By The Director.
Please Circle Days Below.**

Sessions (Infant, Toddler and Primary)

Please check off selected Sessions

LIMITED SPACE AVAILABLE FOR ALL SUMMER SESSIONS

Session 1 - June 18th - July 6th

Session 2 - July 9th - July 27th

Session 3 - July 30th - Aug 17th

Infant Program 10 weeks-18 months

Infant Before Care(7:00am-8:30am)

Infant Full Day (8:30am-3pm)

Infant Extended Day (8:30am-4:30pm)

Infant Extended Day (8:30am-6pm)

Requested Days # 1 M T W Th F

Requested Days # 2 M T W Th F

Toddler Programs 16 months-3 years

Toddler Before Care (7:00am-8:30am)

Toddler Half Day Program (8:30am-12:30pm)

Toddler Full Day Program (8:30am-3pm)

Toddler Extended day (8:30am-4:30pm)

Toddler Extended day (8:30am-6pm)

Requested Days # 1 M T W Th F

Requested Days # 2 M T W Th F

Primary Programs 3 years- 6 years

Primary Before Care (7:00am-8:30am)

Primary Half Day Program (8:30am-12:45pm)

Primary Full Day Program (8:30am-3pm)

Primary Extended day (8:30am-4:30pm)

Primary Extended day (8:30am-6pm)

Requested Days # 1 M T W Th F

Requested Days # 2 M T W Th F

I understand that a **30 day** written notice must be
submitted to the administration to decrease in schedule.
_____ (initial)

The tuition for the above stated programs selected is
\$ _____ is due on or before the first day of each
session.

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Parent/Guardian Signature

Parent/Guardian Signature

Date

Haypenny Management, LLC by _____,
Director

Date

OFFICE USE

Fee _____ Session Tuition _____ Ck #'s _____ Sessions _____ Discount _____ Amt Pd: _____

Additional Notes: