

Emergency Contact Numbers:

1st Contact: _____

2nd Contact: _____



Silverline Montessori School

Email: info@silverlinemontessori.com

www.silverlinemontessori.com

Silverlake Campus

2505 CR89, Pearland, TX 77584

Tel. (281) 997-3700 Fax (281) 997-0737

Shadow Creek Ranch Campus

2080 Reflection Bay

Tel. (713) 436-5070 Fax (713) 434-5076

Enrollment Application and Agreement

1. Child Information

Child's Name: _____ D.O.B. _____

Gender: M F Teacher/Class: _____ Start Date: _____

List any existing medical conditions, medication and/or special attention your child may require

Allergies: _____

Pediatrician's Name: _____

Address: _____ Phone # _____

2. Parent/Guardian Information

Mother/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____ Home Phone: () _____

Occupation: _____ Employed By: _____

Work Address: _____ Driver's License #: _____

Office Phone: () _____ Cell Phone: () _____

Email: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st Choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

Father/Guardian First Name: _____ M.I. ____ Last Name: _____

Address: _____ Home Phone: () _____

Occupation: _____ Employed By: _____

Work Address: _____ Driver's License #: _____

Office Phone: () _____ Cell Phone: () _____

Email: _____

Preferred PIN number for checking in/out (4 digits, numbers only) 1st Choice _____ 2nd Choice _____

Marital Status: Married Single Divorced Separated Widowed Other _____

3. Emergency Contacts & Authorized Pickup Persons:

1st Contact/Pick Up Name: _____ Phone: _____

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only) _____

2nd Contact/Pick Up Name: _____ Phone: _____

If child attends Silverline Montessori before or after school:

Name of Public School

Phone Number of School

My child's updated immunization records are at the above school. Vision and hearing screening records are also on file.

Parent Signature

Relationship to the Child: _____ PIN for check in/out (4 digits, numbers only)

4. Tuition / Payment Information:

Please write below who is responsible for payment of tuition and fees. Please fill out if parents are divorced and split tuition payment or if tuition payment is the responsibility of an adult other than the parents listed above.

5. General Authorization

We hereby grant to Silverline Montessori permission for the above named child to (a) take part in all program activities including of all indoor and outdoor equipment; (b) be photographed or videotaped in connection with daily program activities; (c) leave the premises of Silverline Montessori to take part in planned educational field trips or activities supervised by the staff of Silverline Montessori (provided that such trips or activities will be separately announced to the parent or guardian at least one day in advance of the activity); (d) participate in water activities on Silverline Montessori premises; be transported under Silverline Montessori supervision for purposes of taking part in educational field trips or other activities.

Mother or Guardian _____ Date _____

Father or Guardian _____ Date _____

6. Medical Authorization.

We hereby grant Silverline Montessori permission to take whatever action in its judgment may be necessary in supplying emergency medical services to the above named child. We understand that, consistent with the circumstances of the situation and available time, Silverline Montessori will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s) designated above. In the event Silverline Montessori is unable to contact the parent or guardian, physician, or other person(s), we hereby grant permission to Silverline Montessori to contact and comply with the advice from an available physician, ambulance personnel, or emergency personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by Silverline Montessori in making emergency medical treatment available to the above named child.

Mother or Guardian _____ Date _____

Father or Guardian _____ Date _____

7. Hours.

Hours of operation of the facility are from 6:00 AM to 6:30 PM Monday through Friday. A late fee will be charged at a rate of \$1.00/min. after 6:35 PM, and it is payable on the same day or the next business day to the staff or caregiver in charge.

8. Days of Operation.

The facility will operate Monday through Friday throughout the year except for: New Years Day, MLK Day, Good Friday, Memorial Day, Independence Day, Labor Day, Thanksgiving, the day after Thanksgiving, Christmas Eve, Christmas, and certain other days specified by Silverline Montessori from time to time. No discounts from tuition will be made for holidays or other days on which the facility does not operate, including closure due to natural calamities.

9. Children's Uniforms.

The parent or guardian agrees to supply uniform garments for the above named child as required by Silverline Montessori and to regularly dress the child in such garments during normal Silverline Montessori program activities.

_____ (Initials)

10. Enrollment Policy.

Initial and continued enrollment will be at the discretion of Silverline Montessori based upon the best interest of the child, the exception that he/she will benefit from the program, and the welfare of the other enrolled children. Enrollment shall be without regard to race, creed, sex or national origin. Enrollment of a child at Silverline Montessori is a perpetual semester contract.

11. Enrollment & Registration.

A non-refundable enrollment application and an annual registration fee is required.

12. Re-Enrollment Following Temporary Absence During Which Tuition Is Not Paid.

In any situation in which the child is temporarily withdrawn from Silverline Montessori, and regular payment of tuition has temporarily suspended, the enrollment will be terminated. Re-enrollment will be on a space available basis, and an additional registration fee will be necessary. As an alternative, a monthly holding fee may be paid in order to hold your child's place; this option is available only during summer.

13. Policies, Procedures, Rules and Regulations:

a. I/We accept in my/our own capacity and on behalf of my/our child/ward the policies, procedures, rules and regulations issued or practiced by Silverline Montessori or stated in the Parent Handbook (available on our website), as modified from time to time.

b. I/We am/are the person(s) who is/are legally and financially responsible for the student named above.

This contract embodies the entire agreement and understanding between parties hereto and supersedes all prior arrangements, oral or written, expressed or implied, relations to the subject matter hereof and may not be amended except in a written instruction signed by all parties. No representations, inducements, promises, or agreements, orally or otherwise, have been made by any party or anyone acting on behalf of any party, that are not set forth in this contract, and no agreement, statement, or promise not contained in this contract shall be valid or binding. _____ **(Initials)**

14. Tuition and Fees:

a. I/We agree to pay the annual tuition fees, which is made a part of this contract. **THESE CHARGES ARE DUE AND PAYABLE IN ADVANCE ON OR BEFORE THE FIRST DAY OF EACH MONTH.** Students enrolled between the 1st and 15th of the month will be charged a whole month's tuition; enrollment after the 15th of the month will incur a half a month's tuition. An additional fee equal to \$35.00 will be added to accounts which remain unpaid after the fifth day of the month. All accounts must be paid in full immediately thereafter in order to continue the daily program. A returned check fee of \$35 will be charged for every returned item. I/We understand that by offering a payment option, Silverline Montessori is not offering a partial year contract and that I/We are obligated to pay the entire annual tuition and fees. I/We attach a check as a non-refundable enrollment fee.

b. Obligation: I/We understand that this Agreement reserves a place for my/our child at the school for the entire academic year. I/We agree that unless I/We give written notice of withdrawal of my/our child to the Director 30 days prior to withdrawal date, my/our obligation to make the above payments in full when due is unconditional and without regard for whether my/our child actually starts the academic year or attends for the entire year. I/We understand that reenrollment of my/our child assumes satisfactory completion of prior year's work and does not guarantee my/our child's promotion. In the event of default on any payment or deficiency balance due, I/We agree to pay all reasonable costs of collection, including, but not limited to, those related to internal collection efforts, Attorney fees, Court costs, and/or use of an outside Collection Agency. I/We understand that Silverline Montessori reserves the right to dismiss students and its decision is binding on all parties.

_____ **(Initials)**

15. Absences and Vacation Credit.

Vacation credit/absence of one week is allowed for students who have been enrolled on a fulltime basis for at least six months. There is no vacation credit for students who are enrolled part-time or school hours only programs. There is no vacation credit offered for the Elementary school program.

16. Information in Child’s File Must Be Kept Current.

The parent or guardian is required by state law to update information furnished herein as necessary, with changes initial, dated by parent and the Director (or designee). A copy of this enrollment will be kept within the files of Silverline Montessori, and is available for inspection by the parent or guardian at any time. _____ (Initials)

17. In-Home Babysitting.

Silverline Montessori does not render childcare services off it’s premises, except in the event of field trips which have been authorized in advance by parent or guardian. Accordingly, if you arrange with a staff member for off-premises care of your child, the staff member undertakes such services on her own behalf and not as our employee.

18. Administration of Medicine.

The staff will administer medicine to the subject child upon written authorization by the parent or guardian. Written authorization may be made using the standard Silverline Montessori form, “Authorization to Administer Medicine”. In each case, the parent or guardian should complete and sign this form. Medication will be administered at 12 and 4 pm only. STATE LAW REQUIRES THAT ALL MEDICINES MUST BE:

- (A) In their original prescription container.
- (B) Clearly labeled with the identity of the medicine and a prescription number.
- (C) The child’s name must clearly appear on the container itself.

19. Admission Requirement:

My/Our child has been examined within the past year by a health care professional and is able to participate in the day care program. Within 12 months of admission, I will obtain a health care professional’s signed statement and will submit it to the child-care operation. _____ (Initials)

20. Communicable Diseases:

If your child appears ill, has a high fever, is vomiting, or shows evidence of a communicable disease, please leave him/her at home. If your child has such symptoms and is present at Silverline Montessori, you will be asked to pick him/her up immediately. This requirement is imposed by the TDPRS and is intended for the protection of the other children.

21. Field Trip Permission Form:

I/we, _____, give my permission for _____ to attend all field trips with Silverline Montessori. I/we understand that by signing this form I/we hold harmless the school and/or its employees from any and all liability if my child is injured as a result of the field trips and waive claims against them.

22. General and Financial Acknowledgement.

We have specifically reviewed each of the provisions of this Agreement, and hereby agree to comply with all provisions hereof.

Mother or Guardian _____ Date _____

Father or Guardian _____ Date _____