



ENROLLMENT FORM 2020/2021

CHILD'S NAME: _____
FIRST MIDDLE LAST

NICKNAME: _____ AGE: _____ D.O.B. _____
name he/she prefers to be called

YEAR OF SCHOOL (circle one) 1 2 3

PREVIOUS SCHOOL: _____

MOTHER'S NAME: _____ PHONE: _____
(or legal guardian)

MOTHER'S EMAIL: _____

MOTHER'S OCCUPATION: _____ WORK PH: _____

FATHER'S NAME: _____ PHONE: _____
(or legal guardian)

FATHER'S EMAIL: _____

FATHER'S OCCUPATION: _____ WORK PH: _____

PRIMARY ADDRESS FOR CHILD: _____
Street

City State Zip code

Parents live in the same house? Y N

PRIMARY EMAIL ADDRESS FOR INVOICES: _____

ALLERGIES OR SPECIAL DIETARY NEEDS: _____

**PLEASE LIST 3 EMERGENCY CONTACTS:
ALLOWED TO PICKUP CHILD FROM SCHOOL:**

1. _____ **YES** **NO**
Name Phone Relationship to child

2. _____ **YES** **NO**
Name Phone Relationship to child

3. _____ **YES** **NO**
Name Phone Relationship to child

LIST ANY ADDITIONAL PEOPLE ALLOWED TO PICK UP CHILD FROM SCHOOL:

1. _____
Name Phone Relationship to child

2. _____
Name Phone Relationship to child

3. _____
Name Phone Relationship to child

4. _____
Name Phone Relationship to child

5. _____
Name Phone Relationship to child

6. _____
Name Phone Relationship to child

Getting to know your little one

Please help us to know your child better by filling in the following information.

Child's Name _____

1. Areas of strength:
2. Areas for growth:
3. Interaction with peers and siblings:
4. Goals for this experience:
5. Separation concerns:
6. Describe how your child spends his/ her time at home:
7. Please explain your philosophy for discipline at home:
8. List any known allergies and precautions:
9. Additional information you would like to share

Additional Medical Information

Child's Name _____

Doctor _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Do we have permission to contact your doctor or dentist in an emergency? Yes _____

No _____

Please list all medical conditions so that LMSM can best serve your child daily and in the event of a medical emergency. Include all dietary restrictions, medical conditions, medications, allergies and illnesses.

In consideration of the acceptance of my child as a student in LMSM the undersigned agrees to indemnify LMSM directors, and employees against any claims and demands made by or on behalf of:

Signature Parent or
Guardian_____

Date_____

Little Monk Seal Montessori Enrollment Contract

Please initial each line below:

_____ LMSM is open to all families on a space available basis. Children must be at least 2.8 years old, completely toilet trained (no pull ups or diapers) by their first day of enrollment. LMSM has the right to suspend and/or expel a child at any time if we feel they are in harm to others or themselves. We have the right to expulsion if rules and regulations are not being followed.

_____ Tuition of \$1,200 is due the first school day of each month. There is a three day grace period. After this period, a late fee of \$25.00 is applied.

_____ Your enrollment contract, documents, and payment of \$1,200 (first month's tuition) are due to hold the spot. This first payment of \$1,000 or \$1,200 is NONREFUNDABLE.

_____ We have the right to terminate enrollment when payments have not been made on time for two consecutive months. Tuition for those months is due regardless of termination. Should circumstances arise that affect your ability to pay tuition, please inform the director as soon as possible, as we may be able to connect you with community resources to assist you. If you or the Directors at LMSM decide to withdraw your child, tuition is due in full for the final months of the school year (August-May.) This is necessary for LMSM to maintain a small class size. We ask that if you are the one deciding to remove the child from LMSM that you give the directors notice immediately.

I, _____, have read and understand the enrollment contract terms and I agree to the terms, and I agree to making the tuition payments for 1 full school year.

Sign _____ Date: _____

Sign _____ Date: _____

Tuition is 12,000 for our entire school year program. We break the payments up by paying Semi Annually, or a 10 month plan, or a 12 month plan. Although we have breaks throughout the school year, please understand that you are paying the monthly tuition to go toward the total (12,000.00) tuition of the school year.

How would you like to pay tuition for your child? Please check one.

____ Month to month, \$1,200 the first school day of each month

____ Semi Annually. One payment the first week of August, \$6,000 and one payment the first week of January, \$6,000

____ 12 Month payment plan 1,000 due the first of each month, beginning June 2020.

LMSM Parent Handbook Agreement

I, _____ have read and understand the policies, rules, and procedures of the LMSM Parent Handbook and will follow all of the guidelines while attending this school. *Handbook is located on our website under the "about" tab.

www.littlemonkseal.org

Signed _____

Date _____

MEDIA RELEASE

I _____ (parent/guardian printed)

allow my child's photo to be released on LMSM's social media pages and website.

Child's name _____

is authorized by _____ Date _____

(parent/guardian signature)

to allow LMSM to use photos of the children for this purpose while attending LMSM.

AFTER CARE

Does your child plan on participating in any of these options after school?

\$10.00 per class if signing up for the entire semester. M,T,TH,F

Two semesters: August - December and January - May.

\$15.00 Drop in.

Keiki Kickers Soccer Mondays, Pick up after school 3:50-4:00.

Yes____ No____

Yogi Friends Yoga Tuesdays, Pick up after school 3:50-4:00.

Yes____ No____

Little Monk Seal Science Club Thursdays, Pick up after school 3:50-4:00.

Yes____ No____

Little Monk Seal Art Class Fridays, Pick up after school 3:50-4:00.

Yes____ No____

*supply fee for art class TBD.

After Care on Wednesdays Wednesday is a short day. School ends at 1:15. If you need to keep your child in school later than 1:15, they can go into our aftercare program. Pick up is anytime between 1:15 and 4:00 pm. Flat rate of \$15.00 per Wednesday. You will be charged monthly upon usage of this program.

Yes____ No____

Signature _____

Date _____

*Dates and pricing for aftercare per semester will be posted closer to the 2020 school year.