



# CLEAR LAKE MONTESSORI SCHOOL

Respect Yourself, Respect Others, Respect Your Environment

## **ENROLLMENT AGREEMENT**

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

1. I/we agree to pay the Enrollment Registration Fee (non-refundable and no exceptions).
2. I/we accept that the enrollment of a child at Clear Lake Montessori School is a monthly contract.
3. In case I/we wish to withdraw my child/children from school, I/we will give one month written notice prior to the day of withdrawal other, the tuition is charged in full.
4. In case I/we are not able to give such notice, I/we will pay full tuition to the end of the next 30 days.
5. I/we accept that no paid tuition will be refunded.
6. I/we will attend all open house and parent activities and other parent involvement.
7. I/we will drop-off and pick-up my child in the classroom in the presence of a staff member, at all times or at the front desk after 8:30 am.
8. I/we will inform the school of any change in address, phone number and other information on the enrollment sheet.
9. I/we will abide by the tuition policy of the school and will be responsible for any unpaid dues.
10. I/we hereby agree to adhere to the school's operating procedures, policies and philosophies.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

CLMS Management Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **CODE OF CONDUCT**

I have read and understand the Clear Lake Montessori School handbook and commit myself to uphold the policies and rules of Clear Lake Montessori School.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **TRANSPORTATION**

I give permission for my child to be transported and supervised by the operation's employees:  
\_\_\_\_ for emergency care    \_\_\_\_ on field trips    \_\_\_\_ to and from home    \_\_\_\_ to and from school

I DO NOT give permission for my child to be transported.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **FIELD TRIPS**

I give my child permission to participate in field trips.  
 I DO NOT give my child permission to participate in field trips.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### PHOTOGRAPHIC/VIDEO RELEASE

The undersigned agrees, without compensation, to permit the Clear Lake Montessori School, its agents, assigns, employees, and authorized students to use a photographic/videotape image or other likeness of said child for the benefit of Clear Lake Montessori School in its publications and other institutional development and promotional program. This release shall continue until specifically revoked.

I grant permission for photographs/videos of my child to be used in the formats indicated above  
 I DO NOT grant permission for photographs/videos of my child to be used in the formats indicated above

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### WATER ACTIVITY

I give my child permission to participate in water activities:  
\_\_\_\_ sprinkler play      \_\_\_\_ splashing/water pads      \_\_\_\_ swimming pools      \_\_\_\_ water tables  
 I DO NOT give my child permission to participate in water activities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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### SUNSCREEN & BUG SPRAY

To ensure the health and safety of your children, the school needs to protect them from mosquitoes and the harsh rays of the sun during the school hours. For this reason, the school is asking parents to provide bug spray and sunscreen for their child. Please fill out the authorization form provided at the front desk.

If there are NO known allergies, we are requesting that parents will use the following brands: Cutters SKINSATIONS Bug Spray and Water Babies 30 SPF sunscreen. **Clear Lake Montessori School will ONLY reapply bug spray and sunscreen during the afternoon hours.** Parents are responsible for applying before they come to school. *If your child has an allergy to our recommended brands, please label your supply with your child's first and last name.*

*I hereby request the staff to administer or reapply the medication listed below to my child. I understand that all medication must be in the original container, labeled with the child's first and last name. By signing below, I release the Clear Lake Montessori School and its staff from all liability for reactions, which my child may suffer from this medication. I am aware that I am responsible for applying bug spray and sunscreen to my child before arriving to school. Medication is given only during the afternoon. The exact time may vary depending on weather conditions and if my child participates in outside activities.*

My child is allergic. I will provide my own bug spray.  
 My child is allergic. I will provide my own sunscreen.  
  
 Please use CUTTERS bug spray.  
 Please use WATER BABIES sunscreen.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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### EMERGENCY CONTACT & RELEASE

Please list persons approved to pick up your child (other than parents) and to be contacted in case of emergency. Children will only be released to a parent or person designated by the parent/guardian after ID verification.

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Complete address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Relation to Child: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### EMERGENCY MEDICAL CARE

Doctor: \_\_\_\_\_

Doctor: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated above and follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

If my child is not covered under any medical insurance, I understand that my child, in the event that emergency room and/or hospital care is necessary, will be taken to Texas Children's Hospital or nearest emergency facility chosen by the EMS personnel. Consequently, I hereby release Clear Lake Montessori School and all faculty staff and all losses, liabilities, expenses and causes of action for personal injury or illness arising out of or resulting from, at any time, directly or indirectly, my child's participation in activities, scholastic, athletic, or otherwise school-related, on the Clear Lake Montessori School or school related function and field trips which take place off campus.

Permission to give fever reducer (Children's Tylenol)  Yes  No

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TUITION POLICIES****1. Annual Fees:**

Registration- is \$175 and is non-refundable and will be charged annually in August.

Supply- is \$275 and is non-refundable and will be charged annually in August

After School Supply - \$80

- 2. Schedule Change-** If there is a schedule change from previous month, inform the office at least two weeks in advance and schedule must remain the same for another 3 months.
- 3. ACC (Academic Curriculum Closed) or Camps-\$59/day for School Time, Part Time or After school care attending.**
- 4. Meals are complimentary and subject to change without prior notice. Pizza Friday-\$20/monthly.**
- 5. Summer Camp- All attending School age and After school students are charged either option 1. Summer monthly fee 2. Summer weekly fee.**
- 6. Summer Activity: Toddler and EC Students- \$170(varies)**
- 7. Late Fee-is \$25 for the first fifteen minutes and then \$1/min after 3:00 pm (ST students), and \$1/min after 6:15 pm for FT students.**
- 8. Tuition is subject to change annually in August.**
- 9. All tuition and other fees are drafted through ACH. No other form of payments is allowed or no in house payments.**
- 10. Holding policy- there is a fee for students who are taking a vacation or leaving for three weeks or up to 6 months of \$125 and a prorated tuition for the attendance. If the student is out for less than three weeks the tuition is paid in full.**
- 11. Prorated tuition- if students is not in attendance for the whole month due to holding status, there is a prorated tuition and it will be included in the next billing. Remember there is no credit for school closure due to inclement weather or unforeseen events.**
- 12. Scholarships or discounts (availability of funds) are not applicable for prorated fee. Scholarships and discounts expire after 3 months of the first month's attendance. We follow CCISD weather closure.**
- 13. Withdrawal- there is a written required 30-day notice for the intended withdrawal, otherwise the full tuition is paid in full.**
- 14. Returned ACH fee- is \$55 for returned ACH and a late fee of \$35. If the account is not paid until the 15<sup>th</sup> of the month the child will not be accepted to school until the balance is paid in full. The unpaid balance is subject to collection.**
- 15. Sibling Discounts- two children-10 % discount on the older child's tuition. 3 children-10 % discount for the oldest and the second to the oldest. Full tuition on the youngest child.**
- 16. School records- CLMS will not release any school records to another school or child care facility if the balance is not paid in full.**
- 17. Rates are not guaranteed once you withdraw.**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Clear lake Montessori School

### Transportation Agreement

(To be completed by parents with children enrolled in the After School Program)

This is to certify that I give \_\_\_\_\_ permission to transport my child,

\_\_\_\_\_ pm on the following days:

\_\_\_\_\_ Monday

\_\_\_\_\_ Tuesday

\_\_\_\_\_ Wednesday

\_\_\_\_\_ Thursday

\_\_\_\_\_ Friday

Clear Lake Montessori School staff/personnel are authorized to and from school to transport my child \_\_\_\_\_ Clear

Lake Montessori School at 2486 Falcon Pass Dr. Houston, TX 77062.

The \_\_\_\_\_ is approximately \_\_\_\_\_ miles from the school.

Parent Name \_\_\_\_\_ Signature \_\_\_\_\_

Tel number \_\_\_\_\_ Date \_\_\_\_\_