

CHILD'S NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ GENDER \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ PHYSICIAN'S NAME AND PHONE # \_\_\_\_\_

PARENT 1/GUARDIAN \_\_\_\_\_ PARENT 2/GUARDIAN \_\_\_\_\_

PLACE OF BUSINESS \_\_\_\_\_ PLACE OF BUSINESS \_\_\_\_\_

POSITION/TITLE \_\_\_\_\_ POSITION/TITLE \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ BUSINESS ADDRESS \_\_\_\_\_

BUSINESS PHONE # \_\_\_\_\_ BUSINESS PHONE # \_\_\_\_\_

CELL PHONE # \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

**SCHOOL YEAR 2020/21: PLEASE CHECK DESIRED SESSION:**

5 days _____	am _____ pm _____	full day* _____	early session (7:30am) _____	pizza Fridays _____
3 days _____ MoTuWe**			supervised lunchtime _____	late session I _____ (4:30pm)
2 days _____ ThFr**				late session II _____ (6:00pm)

\* required for all 5 year olds      \*\* only available for 3 year olds

For details on catered lunch, which is available Monday through Thursday, please log on to [www.lunchwithlou.com](http://www.lunchwithlou.com) school code NTG56J

Local School District \_\_\_\_\_

 APPLICATION FEE ENCLOSED \$ \_\_\_\_\_ (RE)ENROLLMENT DEPOSIT ENCLOSED \$ \_\_\_\_\_  
\$75 FIRST TIME APPLICANTS ONLY (NON-REFUNDABLE)      \$500

**SUMMER 2020: PLEASE CHECK DESIRED WEEK/SESSION:**

Wk 1 _____ 6/22-6/26	Wk 5 _____ 7/20-7/24	full day _____	circle days: _____	early session (7:30am) _____
Wk 2 _____ 6/29-7/03*	Wk 6 _____ 7/27-7/31	5 am _____		supervised lunchtime _____
Wk 3 _____ 7/06-7/10	Wk 7 _____ 8/03-8/07	4 am _____	Mo Tu We Th Fr _____	pizza Fridays _____
Wk 4 _____ 7/13-7/17	Wk 8 _____ 8/10-8/14	3 am _____	Mo Tu We Th Fr _____	late session I (5:00pm) _____
*closed 7/03/20		2 am _____	Mo Tu We Th Fr _____	late session II (6:00pm) _____

For details on catered lunch, which is available Monday through Thursday, please log on to [www.lunchwithlou.com](http://www.lunchwithlou.com) school code NTG56J

 Summer balance payable in full before the program begins      DEPOSIT ENCLOSED \$ \_\_\_\_\_  
\$220 (non-refundable)
**YEAR ROUND PROGRAM** \_\_\_\_\_ Fall 2020

Includes school year, summer and vacation programs from 7:30am to 6:00pm \_\_\_\_\_ add pizza Friday \_\_\_\_\_

For details on catered lunch, which is available Monday through Thursday, please log on to [www.lunchwithlou.com](http://www.lunchwithlou.com) school code NTG56J

 APPLICATION FEE ENCLOSED \$ \_\_\_\_\_ (RE)ENROLLMENT DEPOSIT ENCLOSED \$ \_\_\_\_\_  
\$75 FIRST TIME APPLICANTS ONLY (NON-REFUNDABLE)      \$500

 Please bill \_\_\_\_\_ in full      \_\_\_\_\_ 3 payments      \_\_\_\_\_ monthly (for school year and year round programs only)  
 2.5% interest charge for monthly payments

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

Y20 21 AP

\_\_\_\_ SCHOOL YEAR 2020-2021 / \_\_\_\_ SUMMER 2020

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

If residence of either parent is not the same as that of the child, please show that parent's address:

1. By this Enrollment & Tuition Agreement (hereinafter, the "Agreement"), Hudson Country Montessori School (hereinafter, the "School") agrees to admit the above-named student (hereinafter, the "Student") as delineated on the appropriate Enrollment Application(s) (hereinafter, the "Application") that have been duly signed by the parent(s) and/or guardian(s) (hereinafter, the "Parent(s)").

2. The Parent(s) agree to pay tuition and fees in accordance with the most current applicable Tuition Schedule(s) and other fee schedules published by the School. **It is further understood that tuition fees are non-refundable. There will be no tuition reduction/refund for any family situation or medical condition that may cause a student to be absent from any of the School's programs.**

3. It is understood that in signing this Agreement and in paying the initial non-refundable tuition prepayment, the Parent(s) is/are making a commitment to enroll the student for the term indicated on the Application. The acceptance of said Agreement and the tuition prepayment is a commitment by the School to reserve a place for the student for the term indicated on the Application.

4. The Parent(s) agree to pay all costs, expenses and attorneys' fees incurred by the School in any proceeding for the collection of the debt evidenced hereby or in any litigation or controversy arising from or connected with this Agreement.

5. If tuition for the School Year/Year Round Programs becomes 60 days delinquent, continued service will be denied and the Student will be disenrolled by letter. At that point, the School will endeavor to fill the Student's place with another student. Summer tuition is paid in full in advance.

6. All new students enrolled in the School Year/Year Round Programs will be given up to a 3-month PROVISIONAL/adjustment period. If the School feels that the new student has not made a satisfactory adjustment to the School and must disenroll, a refund will be given only for the unused portion of any tuition prepayments.

7. It is understood that in signing this Agreement, the Parent(s) agree(s), on behalf of him/her/themselves and the Student, to accept the rules and regulations of the School. The School reserves the right to dismiss any student who does not meet the academic and/or behavioral standards of the School. In the event the Student and/or Parent(s) does/do not adhere to the rules and regulations of the School, the Head of School, in his/her sole discretion, may discipline the Student, up to and including expulsion, or require the Student's withdrawal. The Parent(s) agree, on behalf of him/her/themselves and the Student, that in signing this Agreement, the decision of the Head of School in this regard shall be final; any such decision shall not relieve the Parent(s) of his/her/their tuition obligations. Termination of this Agreement by the School for any reason will be made by registered letter to the Student's home address as indicated on the Enrollment Application.

8. Students enrolled in two-day or three-day programs must maintain the same schedule every week. There will be no substitution of days due to holidays, unexpected snow closing days, family vacations, other family situations or medical conditions that may cause a student to be absent from any of the School's programs.

9. Students not toilet trained at the primary level (i.e. 3 yr olds) will be charged the tuition rate for toddlers until toilet training is complete.

10. In order to achieve our high expectations and to prepare the Student for elementary school, only a 5 full-day program is offered for children 5 years old and older in our School Year/Year Round Programs.

11. The School does not discriminate against any person in admission, employment or otherwise because of race, color, religion, ancestry, national origin, sex, sexual orientation, age, or physical or mental disability in violation of existing state or federal laws or regulations.

**If any one or more terms of this Agreement are found to be unenforceable, the remaining terms shall be unaffected and will continue in force and effect.**

**I/We agree that each person signing this Agreement on behalf of the above-named student is responsible for all of the financial and other obligations set forth in this Agreement. I/We have carefully read and fully understand this agreement. I/We hereby accept all terms as stated.**

\_\_\_\_\_  
Signature-Parent 1 or Guardian\_\_\_\_\_  
Signature-Parent 2 or GuardianAccepted by H.C.M.S. \_\_\_\_\_  
Authorized Signature

**THIS ENROLLMENT AND TUITION AGREEMENT MUST BE SIGNED BY BOTH PARENTS OR GUARDIANS AND MUST ACCOMPANY THE ENROLLMENT APPLICATION IN ORDER TO BE PROCESSED BY THE SCHOOL. THE AGREEMENT SHALL NOT BECOME EFFECTIVE UNTIL A COPY IS COUNTERSIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE SCHOOL.**



# Hudson Country Montessori School

340 Quaker Ridge Road  
New Rochelle, N.Y. 10804  
(914) 636-6202/Fax (914) 636-5139

## POLICY STATEMENT

The Hudson Country Montessori School and Day Camp is open to all children regardless of race, creed or ethnic origin.

For a child to be admitted to the School/Camp the parents must complete and sign the forms presented by the School/Camp including 1) the application form, 2) the enrollment and tuition agreement, 3) the health form (which must be signed by a physician), 4) the medical emergency and release form and 5) this policy statement.

No child will be admitted to the School/Camp without all of the above forms, which are required by law.

The children are given a routine health check each day upon arrival. Any child who shows symptoms of being ill and/or infectious will not be admitted to the School/Camp. Children who are sent home with a fever are not allowed to return to School/Camp the next day.

The School/Camp opens at 7:30 am and closes at 6:00 pm (Monday through Friday). If a child is not picked up by 6:00 pm and we are unable to reach the parents, the School/Camp will attempt to contact the Emergency/Release contacts. The child will be held at the School/Camp until contact is made. **If contact is not made by 8 pm (or within 2 hours of earlier closing), the police will be notified.** There is a 15 minute grace period for early arrivals and a 5 minute grace period for late pick-ups. If you arrive earlier or later than your scheduled times, you will be charged for the additional service at a rate of \$1 per minute. Pick-up time is the time the child is picked-up from his/her classroom/group not the time the parent entered the building.

During the school year, the three year olds entering the primary program are expected to be toilet trained. Children, who have not made a complete transition, will be billed at the toddler tuition rate until independent in this area.

All school/camp snacks and catered lunch are approved by a nutritionist. The child who attends a full day at the School/Camp (and brings his/her own lunch) will be required to bring a nutritious lunch.

Children attending the half day program (without lunch) will receive one nutritious snack.

Children who require any kind of special diet must bring written, signed instructions indicating all restrictions. The parent must provide the appropriate food for the child.

The School/Camp may not administer medication of any kind to the students with the exception of the Epi Pen. The Epi Pen may only be administered with the appropriate completed forms. In addition, a student can self-administer medication with the proper documentation. All forms are available at the School office.

Pictures, likeness and video recordings of the children will be taken periodically for internal and publicity purposes during the school year. **Parents may elect to have their children excluded from pictures/videos used for publicity purposes by submitting their request to the office in writing.** Parents may not request that their child be excluded from pictures taken for internal purposes. Pictures taken for internal purposes may be used for student art projects, posted on lockers and coat hooks to help children in independence, school security, posted on hallway picture boards, and other uses that the School deems are in the best interest of the child, parent or School. Because the children engage in many interesting activities, pictures may also be used for unpaid publication in local newspapers.

For the school year, the School will create a class list with the child's name, address, home phone number and parent's names and e-mail addresses which will be distributed only to the School administration, teachers and parents of other students in the child's class to facilitate carpooling and other student related activities.

Parent involvement during the school year is encouraged and welcomed. Parents are invited to observe their child(ren) at the School at any time and may call the school office to make arrangements. All other visitors must make an appointment with the approval of the Director.

I have carefully read this Policy Statement, and in full understanding of this policy, hereby accept its terms as stated.

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Signature of Parent/Guardian

Child's Full Legal Name \_\_\_\_\_ Home Phone # \_\_\_\_\_

**Release Information**

I, \_\_\_\_\_, accept full responsibility for my child, \_\_\_\_\_, while traveling to and from Hudson Country Montessori School. The people listed below on the Emergency Release section are authorized to drop off and pick up my child. I understand that my child will not be released to any other persons without my written consent. I also understand that unless the school has received a court order to the contrary, both parents have legal authorization to pick-up their children at any time.

**Medical/Emergency Information**

I, \_\_\_\_\_, give Hudson Country Montessori School permission to take whatever emergency measures (e.g. first aid, disaster evacuation) that are judged necessary for the care and protection of my child while under the supervision of the School. In the case of a medical emergency, I understand that my child may be transported to an appropriate medical facility either by the School or by a local emergency unit if it is deemed necessary. Any expenses incurred will be my responsibility. I understand that in some medical situations, the School will need to contact the local emergency resource before either parent, the child's physician, and/or the other emergency contacts listed on this form.

Parent 1/Guardian \_\_\_\_\_

Parent 2/Guardian \_\_\_\_\_

Home # \_\_\_\_\_

Home # \_\_\_\_\_

Work # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Cell# \_\_\_\_\_

**Emergency/Release Names:****Emergency/Release Names:****Name:** \_\_\_\_\_

Circle One: Emergency      Release      Both

Phone # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

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

Circle One: Emergency      Release      Both

Phone # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

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

Circle One: Emergency      Release      Both

Phone # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

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

Circle One: Emergency      Release      Both

Phone # \_\_\_\_\_

Work # \_\_\_\_\_

Cell # \_\_\_\_\_

Physician \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

Dentist \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

Health Insurance Policy# \_\_\_\_\_

Phone# (\_\_\_\_) \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Allergies (Including Food) \_\_\_\_\_

Medications and significant medical information: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent / Guardian / Date