

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 _____

Are there any special conditions which the School should be aware of (allergies, special services, etc.) _____

SCHOOL YEAR 2023/24: PLEASE CHECK DESIRED # OF DAYS AND SESSION:

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

 For details on catered lunch, which is available Monday through Thursday, please log on to www.lunchwithlou.com school code NTG56J

 APPLICATION FEE ENCLOSED \$ _____
\$75 FIRST TIME APPLICANTS ONLY (NON-REFUNDABLE)

 (RE)ENROLLMENT DEPOSIT ENCLOSED \$ _____
\$500 (NON-REFUNDABLE)
SUMMER 2023: PLEASE CHECK DESIRED WEEK/SESSION:

Wk 1 _____ 6/26-6/30	Wk 5 _____ 7/24-7/28	5fd _____	5am _____	_____ early session (7:30am)
* Wk 2 _____ 7/03-7/07	Wk 6 _____ 7/31-8/04	4fd _____ Mo Tu We Th	4am _____ Mo Tu We Th	_____ supervised lunchtime
Wk 3 _____ 7/10-7/14	Wk 7 _____ 8/07-8/11	3fd _____ Mo Tu We	3am _____ Mo Tu We	_____ late session I (5:00pm)
Wk 4 _____ 7/17-7/21	Wk 8 _____ 8/14-8/18	2fd _____ ThFr	2am _____ ThFr	_____ late session II (6:00pm)
*closed 7/04/23				_____ pizza Fridays

 For details on catered lunch, which is available Monday through Thursday, please log on to www.lunchwithlou.com school code NTG56J

Summer balance payable in full before the program begins

 DEPOSIT ENCLOSED \$ _____
\$220 (NON-REFUNDABLE)
YEAR ROUND PROGRAM Fall 2023

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 school code NTG56J

 APPLICATION FEE ENCLOSED \$ _____
\$75 FIRST TIME APPLICANTS ONLY (NON-REFUNDABLE)

 (RE)ENROLLMENT DEPOSIT ENCLOSED \$ _____
\$500 (NON-REFUNDABLE)

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 _____

Y23 24 AT

____ SCHOOL YEAR 2023-2024 / ____ SUMMER 2023

Name of Student _____ Date of Birth _____

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) or other party responsible for payment of tuition (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, family vacation, force majeure, medical condition, suspension/expulsion from school for violation of school policy or decorum or emergency school closings 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. Successful completion of the current school year is required for re-enrollment of currently enrolled students.

4. The Parent(s) agree to pay all costs, expenses and attorney's 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 20 days delinquent, continued service may be denied and the Student disenrolled. At that point, the School will endeavor to fill the Student's place with another student. Summer tuition is due and payable 30 days 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. Any prorated tuition is based on the number of weeks used in the school year.

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

8. 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.

9. 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.

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. No amendment, alteration or addition to this agreement will be effective without the express prior written approval of the schools Board of Directors.

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. This agreement may be cancelled on or before June 1. If this agreement is cancelled, the total of the reservation deposit will be forfeited, but there is no other penalty. If the student is withdrawn after June 1, the Parent(s) agree to pay tuition through to the end of the agreement in recognition that the expenses of the School do not diminish with the departure of a student. Parent(s) agree to pay all costs and attorney's fees received by the School to enforce this agreement. In the event of a forced school closing, the School may continue to operate through a distance learning or hybrid format. In lieu of a distance learning or hybrid format, the School may modify/extend the school calendar.

Signature-Parent 1 or Guardian

Date _____

Signature-Parent 2 or Guardian

Date _____

Accepted by H.C.M.S. _____ Date _____
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. IN SIGNING THIS DOCUMENT, THE PARENT(S) AGREE THAT THE MEANING AND EFFECT OF THIS AND ALL RELATED DOCUMENTS WILL BE DETERMINED ACCORDING TO THE LAWS OF NEW YORK. BY SIGNING, THE PARENT(S) ACKNOWLEDGE THEY HAVE READ AND UNDERSTAND THE AGREEMENT AND AGREE TO THE TERMS AND CONDITIONS.

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.

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.

It is understood that by enrolling in the School, 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 and whose family chooses not to meet the academic and/or behavioral standard 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 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.

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 6 pm (or within 1 hour of earlier closing), the police will be notified.** There is a 5 minute grace period for late pick-ups after 6 pm. If you arrive later than your scheduled time, you will be charged for the additional service at a rate of \$2 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.

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 and emergency inhaler. Both 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 on the School's website www.hudsoncountry.org under "Applications and Forms."

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, cell 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 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.

No amendment, alteration or addition to the School's policy will be effective without the express prior written approval by the School's Board of Directors.

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

Date

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